A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

CHARING-CROSS HOSPITAL.

CASE OF "LUMBAGO" TREATED BY THE APPLICATION OF THE CONTINUOUS GALVANIC CURRENT AND THE RHYTHMICAL EXERCISE OF THE AFFECTED MUSCLES.

(Under the care of Dr. G. V. POORE.)

THE employment of faradaism and galvanism for the relief of the various forms of muscular rheumatism is generally admitted to be one of the most useful and successful applications of electricity to medicine. The charge is, however, often made that the relief afforded, except in mild cases, is only momentary, and that the disease returns again with all its former severity within a few hours of the anodyne application. "Lumbago," so-called, is often dependent upon serious organic change either in the membranes or the bony covering of the spinal cord, or upon disease of some of the abdominal viscera which are in contact with the spinal column; and in such cases it is obvious that, although the galvanic current may relieve pain for a time, it is vain to expect any permanent results from its employment. The following case illustrates what may be done even in the most chronic and obstinate cases, and such as have resisted all the usual modes of treatment.

W. G——, a brass-finisher, aged thirty-five, was admitted as an out-patient on July 16th, 1873. He was bent almost double; walked with the greatest difficulty; complained of intense "lumbago" pain; and gave the following history:—He has been accustomed to work a good deal with the lathe, standing up and moving the treadle with his right foot. About six years ago a pain came on gradually affecting the backs of the thighs and hips, which the medical man attending him called sciatica. This pain became so severe that he was obliged to give up work, and has not since been able to resume his employment. The pain left his legs and finally settled in his back, and is now most marked in the lower dorsal and lumbar regions. It is often of a plunging, shooting character, much aggravated by the slightest movement or even by the most gentle touch. Movement has become so difficult that he is sometimes as long as two or even three hours in dressing or undressing himself. The few hundred yards which he has to walk in order to reach the hospital are accomplished with the greatest difficulty and at the expense of much time and suffering. He states that when he wakes in the morning his back is not nearly so bent as it is later in the day, and the bending seems to be due to the failure of those muscles which ought to keep the spinal column erect.

The pain was not limited to the immediate region of the spinal column, but the intercostal muscles on both sides seemed also to be affected. There was no sign of any disease of the vertebræ, or of the cord, and no particularly tender points were detected along the spinal column. No sign of abscess, lumbar, iliac, or psoas; no numbness, tingling, or loss of power in the legs. The ailment seemed to be, mainly at least, muscular.

He had previously attended as an out-patient at five of the metropolitan hospitals, and, in spite of cupping, blistering, poulticing, plastering, the application of liniments, and the administration of all kinds of internal remedies, had, with one exception, derived no benefit. The abstraction of blood by cupping had relieved him, but only temporarily.

The galvanism was applied by placing the positive pole at the upper part of the spinal column, in the middle line, and sponging the whole back, including the intercostal muscles, with the negative pole. From ten to eighteen cells of Mayer and Meltzer's zinc-carbon battery were employed, and the immediate result was the diminution, if not the abolition of the pain. During the application the patient was made to exercise his muscles rhythmically, by bending, extending, and rotating the spine, and by frequent inspiration. The effects of this treatment were at once apparent, even from the first, and at present all the extreme symptoms have disappeared. He dresses and undresses without difficulty in five minutes, the bowing of the back, though still obvious (and likely to remain so), is much less, and he habitually walks about half a mile to the hospital without difficulty. The important point in the treatment was apparently the rhythmical exercise of the muscles, which improved their nutrition; but without the anodyne application of the galvanism such exercise would have been impossible. One obvious effect of the current was that of "counter-irritation," for during its application the skin of the back became of a bright-scarlet colour, as if a mustard poultice had been applied. Various internal medicines have been given, including iodide of potassium and opium, but none of these had any appreciable effect.

WESTMINSTER HOSPITAL.

CASE OF FATTY TUMOUR OF THE FOREARM REMOVED BY THE BLOODLESS OPERATION.

(Under the care of Mr. COWELL.)

THE subject of this operation was a girl thirteen years of age. She presented an elastic tumour, situated over the flexor muscles of the left forearm. It was oval in shape, and measured five inches in length by two inches and a half in width. An ordinary bandage, which Mr. Cowell seems to prefer to an elastic one, was applied to the arm in the ordinary way, and the solid elastic cord rendered the operation absolutely bloodless. The ordinary bandage does not empty the tissues so completely as the elastic, and the limb does not appear so blanched. The incision was made near and parallel to the median vein, which occupied a position over the long diameter of the tumour, and was more or less isolated during the rolling back of the skin. Mr. Cowell remarked that this bloodless method was a great convenience to the operator, as it made him independent of sponges during the process, but he questioned whether the wounds generally heal so quickly. He considered it necessary not to be in too great a hurry to close the wound after this method, but to wait a few minutes until the engorged condition of the surface and edges of the wound had subsided before applying the sutures, a matter which becomes of more importance after the larger operations, such as excision of the knee. In an instance of the latter operation, the application of cold water, which contained a small proportion of carbolic acid, for five minutes was most satisfactory, and the wound rapidly healed.

In this case the sutures were applied at once, and either from the separation of the surfaces of the wound by oozing, or in consequence of the partial isolation of the median vein, the wound did not heal by first intention. The wound granulated in twenty days, when the patient was discharged cured.

BELFORD HOSPITAL, FORT WILLIAM.

CASE OF CHRONIC ENLARGEMENT OF LEG; AGUISH SYMPTOMS; ADMINISTRATION OF SALICIN; RELIEF.

(Under the care of Mr. J. W. ALLAN.)

ON July 7th, 1873, Catherine McL——, an elderly woman, found her left lower extremity greatly enlarged; the foot and leg presenting the peculiar appearances characteristic of elephantiasis. There was slight redness, but nothing to indicate the presence of violent inflammation. Manipulation conveyed the impression that the tissues were infiltrated, but there was none of that pitting on pressure which is seen in œdema; the parts felt like a soft cushion. The patient stated that the affected limb had long been enlarged, but that her reason for requesting attendance now was the occurrence of the following set of symptoms: burning feeling in the limb, vomiting, shivering, and headache. Pulse about 132; tongue not quite clean. A purgative draught and a mixture containing tincture of the perchloride of iron, spirit of nitrous ether, and the solution of acetate of ammonia, were ordered.

July 8th.—Patient is much the same, and complains of heat and pain in limb. Pulse about 120; tongue coated with brownish fur. Ordered castor oil to move bowels, and ten grains of chloral hydrate at bedtime to induce sleep.

9th.—Patient expressed herself as feeling much better. Attention was called to the fact that every day she had shiverings, which came on after 4 o'clock P.M. For this five grains of salicin were ordered as an antiperiodic three times a day.

22nd.—Sneezing and vomiting still continue, but the former symptom has been much milder since she commenced to take the salicin powders. It must be noted that the affected limb is longer as well as thicker than its neighbour. Patient states that the disproportion in size dates from an illness which she had when nine months old. The patient pointed out a painful spot above the instep and another below the knee, which was very tender to the touch. A raised reddish eruption was present, and some pustules here and there; wrinkles and folds over instep and behind heel. Prescribed five grains of iodide of potassium three times a day; salicin to be continued, and chloral hydrate at night if required. Diet: milk, soup, and beef-tea.

23rd.—Vomiting stopped; last shivering was very slight.

25th.—Since the above note the patient has had severe vomiting and shivering. The attendant says that the shivering begins at 4 P.M., and reaches its height in about an hour. To continue the medicine.

28th.—Pulse rapid; pain in epigastrium; no vomiting to-day or yesterday; shivering comes on later in evening now; burning pain less severe.

On Aug. 14th patient was reported much better; vomiting and shivering gone. On the 18th she was very well. The leg still looked much enlarged, and presented large discoloured patches, but it seems that the limb is now, in patient's estimation, back to its "usual" state.

ON CONTAGIOUS OPHTHALMIA,

AS INFLUENCED BY THE ARRANGEMENTS OF WORKHOUSES AND PAUPER SCHOOLS.

A Paper read at the Conference of Chairmen and Vice-Chairmen of Boards of Guardians, Dec. 16th, 1873.

BY ROBERT BRUDENELL CARTER, F.R.C.S.,

OPHTHALMIC SURGEON TO ST. GEORGE'S HOSPITAL, SURGEON TO THE ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.

(*Concluded from p. 873.*)

WHEN contagious ophthalmia has once taken root in an institution, it can only be got rid of by very troublesome and costly proceedings, which must be continued, as the experience of Hanwell and Anerley has shown, over long periods of time. I have discussed these proceedings at length in the St. George's Hospital Reports, and need not now refer to them. My object here is to show reason for the belief that the disease might, perhaps, be prevented and kept away by measures of a simple kind. At present, concerning the origin and causes of the sago grains, we know only what I have said already—namely, that they appear whenever a large number of people are placed together and are exposed to insanitary conditions of living, and that they are produced more readily in children than in adults. There is only too much evidence that insanitary conditions of living have prevailed—nay, that they still prevail—in many or even most of the establishments under the control of the Local Government Board; and I think the main problems before us are, to find out how it is that these conditions have been suffered to exist, and how they may most effectually be remedied. For my own part, I can explain their existence on no other ground than because there is no system of sanitary inspection for these establishments, as distinguished from general inspection; or, at least, no such system as they require. I assume that the Local Government Board, being charged with the duty of seeing that the Poor Law is applied in its integrity, is bound to employ a machinery of inspection for that purpose; and I presume it will be admitted on all hands that the Poor-law inspectors render most valuable assistance to boards of guardians, in respect of many portions of their responsible and arduous duties, especially in respect of questions of relief, of administration, and of the interpretation of the law. But boards of guardians are not concerned with these matters alone. They are also the directors of a great organisation for sanitary purposes, and my argument is that in this branch of their duties also they should be placed in close relation with the central authority by means of skilled inspectors, who would bring to the guardians themselves, and to their officials, the advantages, not only of careful supervision, but also of a wider experience than any which local authorities are themselves likely to possess. A precedent for rendering such assistance, and an illustration of the utility of special knowledge, is afforded, or to the outside world appears to be afforded, by the influence on education that is exerted by the inspectors of workhouse schools, who, I believe, are special officers, distinct from the general inspectors. If we may infer doctrine from practice, the doctrine of the Poor-law Board is that an intelligent legal inspector will always know when he is out of his depth, and that he may be trusted to call in medical assistance if he requires it. But, in actual life, people scarcely ever do know when they are out of their depth, and the worst blundering that we see around us is the blundering of clever men who meddle with matters they do not understand. It is quite true that since the disclosures about the state of the workhouse infirmaries made by THE LANCET Commission, one of the Poor-law inspectors for the metropolitan district has been a medical man. But he has never been permitted by the Board to assert or to bring into prominence his medical character. In the provinces there have been no medical inspectors, and medical aid has been sought, if at all, only when the very natural mismanagement of non-medical persons has brought matters to the confines, if not to the actual outbreak, of some grievous scandal. If we take the case of Anerley, we find that the most grievous mismanagement prevailed there, unknown to the inspectors, unrecognised, or, at least, unrebuked by the Local Government Board. Early in 1872 long-standing quarrels among the managers and officers broke out into open war, and the contending parties denounced each other's misconduct to the Board, and called attention to the prevalence and to the treatment of ophthalmia. Dr. Bridges was then sent down to make a special inspection, and I will go so far as to assume that he was selected for the duty because he was a medical man. According to *The Times* paper, he went in March, and again in May, and on the 14th of May he made a report from which *The Times* gave the following extract:—

"On the ground floor of the institution there are two wards allotted to boys. One of them is considered to be allotted to cases of ophthalmia, the other to cases of eruptions on the scalp. The former ward, however, contained a large number of cases other than eye disease, and this on both occasions of my inspection. Some of the boys, from their own accounts (confirmed by that of the nurse), had contracted ophthalmia (as might have been foreseen) subsequently to their admission into the ward. This, however, is not all. Far too much latitude appears to me to be left to the nurses in the treatment of the children. On examining the head nurse, I found that there were two forms of lotion, described by her as 'caustic lotion' and 'green lotion,' used for the treatment of sore eyes. She admitted that she used in many cases her own discretion as to which of these two lotions should be used in each case. On speaking to the under-nurse of the boys' ward, I found that she, too, was in the habit of using her own judgment as to medical treatment, especially with regard to the various kinds of ointment used for affections of the scalp, without even, in many cases, referring to the head nurse. The whole system is thoroughly objectionable, and it is, in my opinion, impossible to exculpate the medical officer. With 140 children in the sick wards, I found scarcely any written directions as to treatment. I am safe in saying that in more than 100 of the cases the medical officer's directions for treatment, if given specially at all, were given verbally. Of course, it would be simply impossible for any nurse to retain more than a tenth part of these directions in her memory."

Now what does this report prove? First, undoubtedly, that Dr. Bridges, when employed as a medical inspector, is a careful and efficient one, and that his special knowledge

enabled him at once to hit serious blots which a non-medical inspector would certainly have failed to notice. But it proves, also, that there had been no inspection into the sanitary condition of the establishment at any former period; for if there had been, the state of things described by Dr. Bridges could never have come to pass. Let us next inquire what was the result of the report. The managers of the schools at once endeavoured to introduce certain reforms; but they were left to do this very much by the light of their unaided judgment, instead of receiving the great help that a medical inspector might have afforded them. It is a significant indication of the previous state of the establishment that these reforms were not limited to matters of nursing and of infirmary management; but that they included improvements in the dietary of the children, a reconsideration of the number to be placed in each dormitory, an examination, ventilation, repair, and sometimes complete rearrangement of the drains, and structural alterations in the buildings occupied by infants. A few months after the report, and while reforms at Anerley were still said to be in progress, the Local Government Board positively relieved Dr. Bridges for a time from his duties in the metropolitan district, and sent him to distant parts of the kingdom upon a mission, unconnected with his office, which might have been equally well accomplished by any other physician; and in which he had, as colleague, an eminent hospital surgeon who is engaged in London practice. Nay, more, the Local Government Board does not appear to have called the attention of the non-medical inspectors to the existence of ophthalmia and other serious evils at the schools; for, about the time when the managers, having given each child a separate towel, allowed it to be spread out at his bed-head at night, as a sort of trap to catch contagious particles, one of the lay inspectors placed in the books a favourable report of the general state of the institution; and this report was absolutely quoted by a manager as affording a sufficient answer to all criticism. And now, having shown, I think, that there is at least a practical absence of efficient sanitary inspection in the schools, let me place before you another picture. I have already pointed to our great pauper lunatic asylums as establishments which are kept in the highest state of sanitary excellence by conjoined legal and medical inspection, and have said that what is done in them might also be done, notwithstanding difficulties somewhat different in kind, although infinitely smaller in degree, in pauper schools. The Commissioners in Lunacy make their visits in pairs—a lawyer and a doctor—together, each devoting himself chiefly to his own special province; and I have received, and will beg leave to read, a letter from Dr. Crichton Browne, a very eminent and distinguished asylum superintendent, which sets forth the character and results of their inspection. [Letter read.]

I hope it will be quite clearly understood that I have no quarrel whatever with individual inspectors, who have doubtless done all that it was in their power to do. My quarrel is with the Poor-law system, which practically renders the preservation of health subordinate to other considerations, and which, by so doing, besides inflicting incalculable misery upon great numbers of helpless persons, ultimately multiplies, probably tenfold, the cost to the country of diseases among the poor. I repeat what I have before maintained, that the absence of thorough and systematic sanitary inspection by skilled persons of our workhouses and schools, and the reliance of the central authority upon unskilled persons in sanitary matters, together with their habitual neglect of such medical representations as are made to them, have combined to permit the existence and the ascendancy of unwholesome conditions which occasion the development of the so-called "sago grains," and which therefore, indirectly indeed, but no less certainly, are the absolute causes of all epidemic outbreaks of contagious ophthalmia. Nay, more, I have much reason to believe that the same influences are at the root of other evils which are springing up in some of our new workhouse infirmaries, and that many of these "palatial" establishments, as it is the fashion to call them, are even now ripe for the inquiries of a second LANCET Commission, which would bring to light abuses quite as bad as, if different from, those that were discovered in 1866. I can entertain no doubt that, so long as efficient sanitary inspection of workhouses and schools is neglected, so long will these institutions yield a perpetually recurring crop of abuses; nor can I doubt that these abuses will be infinitely more costly, in sickness, in death, in blindness, in reputation, than the supervision by which they might be kept in check. If a man of Dr. Crichton Browne's position and attainments feels that an efficient medical inspection is a valuable aid to himself and to asylums generally, how much more would his words apply to institutions that are placed in many respects in a less advantageous position? It is implied, of course, in the term "efficient inspection" that the recommendations of the inspectors are to be carried into effect. And here, Sir, I cannot forget that, under the Public Health Act of 1872, many of the boards of guardians are the sanitary authorities of their respective unions. I cannot refrain from reminding them that the kind of inspection which was peculiar to the old Poor-law Board, which permitted the growth of the state of workhouse infirmaries described by THE LANCET Commission, and which is, I believe, responsible for the conditions in which all the epidemics of contagious ophthalmia have had their origin, is the same kind which has been deliberately introduced by the Local Government Board to carry out the important and complex provisions of the Public Health Act. I cannot refrain, as one necessarily somewhat conversant with sanitary matters, from entering my most emphatic and earnest protest against the employment of such inspection for such purposes, feeling certain, as I do, that it will not only be altogether futile as regards the objects to be attained, but that it cannot fail to be productive of very grave disasters.

There is one point more, and one only to which I have to refer, and it is the possibility that the formation of sago grains may be due to a single cause among the many insanitary conditions by which the children at Anerley and other schools have been surrounded. The records of medical science are full of examples of diseases which, at one period, could only be explained by the use of a general phrase, but concerning which the evidence was at last narrowed down to some single detail. For instance, in the last century the inhabitants of the county of Devon were liable to a very painful and distressing malady which was known as Devonshire colic. It was plainly due to some of the conditions under which life was carried on in the county, and each of these conditions was blamed for it in turn. The air, the soil, the water, the climate, were condemned in rotation; but it was at last discovered that Devonshire colic was only lead-poisoning, and that it was due to the employment of leaden vessels in the manufacture of cider. The use of lead for this purpose was abandoned throughout the county, and colic is now unknown there. In like manner, seafaring men were once the victims of the disease called scurvy; and this was attributed to the "insanitary conditions of living" on board ship. In time it was traced to one of these insanitary conditions — namely, to the want of vegetable juices. The knowledge thus obtained was applied in practice, its application was enforced by law, and sea scurvy no longer occurs, except as a result of culpable neglect. In like manner I believe it might be possible, by a sufficiently searching inquiry, to find out some single insanitary condition that is productive of sago grains, and, by banishing that condition, to banish also contagious ophthalmia. Such an inquiry could not be conducted by novices or amateurs, but only by persons thoroughly skilled in investigations of the kind, who would go from institution to institution, and would ascertain all the points of difference, in respect of conditions of living, between the schools that suffer from ophthalmia, or in which the children have sago grains, and the schools that are exempt. Among the latter there are some where the managers attribute the exemption to the observance of some particular precaution, and it would be important to test the correctness of their opinion by the light of experience obtained elsewhere. In the words of my former paper on the subject, it might be that the persons who conducted such an inquiry would ascertain some simple factor of ophthalmia which might be easily and cheaply excluded. It might be that they would point out an effectual remedy which yet, by reason of the expense that it would entail, could hardly be preferred to a total change of system. It might be that they would say, "These schools are wrong in principle, and must be abandoned." But, at any rate, they would learn and declare the truth; and for the prevention of ophthalmia, or of any other evil, knowledge of the truth is the first and most indispensable condition.

PRACTICAL NOTES ON CUTANEOUS SUBJECTS.

BY TILBURY FOX, M.D. LOND., F.R.C.P.,
PHYSICIAN TO THE DEPARTMENT FOR SKIN DISEASES IN UNIVERSITY COLLEGE HOSPITAL.

III.—THE DIAGNOSTIC SIGN OF PHTHIRIASIS.

CONSIDERING the great practical value of the pathognomonic lesion of phthiriasis (or the disease due to lice), which I described some two or three years since, I have been more than surprised that those who profess to study dermatology in England should have not thought it worth while to have made themselves acquainted with it. I have had the pleasure from time to time of demonstrating this lesion to a number of foreign dermatologists who have visited my clinique at University College Hospital, and they have fully admitted the significance of the sign in question. There are many cases in which it is impossible to detect pediculi where they are really present, and in these cases the lesion to which I refer will be detected very easily, and is the sure evidence of the attack of pediculi upon the skin.

It is easy to mistake the characteristic lesion, and in such cases the observer will of course affirm that the lesion I describe is not reliable. The lesion which I say is characteristic is not a bite or a scratch: it is the opening of a follicle dilated by the proboscis of the pediculus, and showing in its centre a speck of at first bright-red blood, which soon acquires a darker hue.

This hæmorrhagic speck or "lesion" is not raised to the feel or the eye. It looks like a circular cup-shaped depression about the size of the blunt point of an ordinary pin, with a well-marked circumferential edge (a dilated follicle), and a black dot in the centre. It may be confounded with scratched hyperæmic follicles, or papillæ, or minute excoriations. The former are raised, and on being examined with the magnifying glass, are seen not to be round, but to have ragged edges, and to present a bleeding surface; the excoriations are irregular in shape, and want the look of the dilated follicle-mouth, with the speck of blood in the centre.

The fact is the pediculus has no mouth; it does not bite. It has a proboscis which it pushes into a follicle to reach a capillary vessel. In the act of sucking blood away, the mouth of the follicle is dilated, and when the proboscis is withdrawn, the blood wells up to fill the dilated orifice.

I consider it altogether unnecessary to search for pediculi amongst the clothes of the patient.

There are many cases of phthiriasis in the young where pediculi are with great difficulty detected, from whatever cause this may be, and in which the recognition of the lesion I now refer to sets all doubt at rest, and, by leading to a correct diagnosis, secures a speedy cure to the patient.

IV.—THE TREATMENT OF NON-PARASITIC SYCOSIS.

No disease, I take it, is more unsatisfactory to treat than the common inflammation of the hair-follicles of the beard and whiskers, to which the term sycosis non-parasitica is applied. On the continent, especially in Germany, the practitioner is advised to adopt epilation, and to apply some simple astringent ointment; and there is a great disposition nowadays to regard epilation as *the* remedy for the disease under notice. The reason for epilating is variously stated. Some affirm that the inflammation in sycosis is caused by a premature development of a new hair in the follicle, and that it is necessary to its cure to rid the follicle of the old hair. Others think that suppuration extends to the root of the hair, and that epilation relieves the tension of the parts and permits the exit of the pus. The first explanation will not bear examination. The second is true in part. In non-parasitic sycosis inflammation travels downwards, and may reach the bottom of the follicle, the root of the hair being bathed in pus, whilst the hair is loosened from its surrounding connexions, and lies, as it were, a dead piece of tissue in the follicle. In such cases epilation does but get rid of the loosened hair, and its extraction allows the escape of pus that would otherwise be pent up. But in many cases the inflammation does not proceed to the extent of causing suppuration in the deep part of the follicle, the hairs are not loosened in the follicles, and their extraction gives great pain, and can do no good. Epilation is, therefore, a fit procedure only at a certain stage of sycosis—if the skin is much inflamed, the follicles freely suppurating, and the hairs are thereby loosening or loosened in them.

The treatment which I have found most successful may be summed up as follows:—In the early stage, when the follicles are very hyperæmic, saline aperients in persons of full habit; or aperient tonics, such as sulphate of magnesia with sulphate of iron, in those who are debilitated; together with hot fomentations, and simple, soothing applications which exclude the air, locally. When there is free suppuration, the same internal remedies, together with the removal, by epilation, of the loosened hairs from freely suppurating follicles, and the application of mild astringents, such as zinc lotions and ointment; and, lastly, in the subacute or chronic stage, where there is only a suppurating follicle here and there, but mostly a number of indurated tubercles—i.e., follicles thickened by hyperplasic growth of the connective tissue,—a course of Donovan's solution, together with, locally, hot fomentation and the application of a weak nitrate-of-mercury ointment (a drachm and a half to an ounce) night and morning. Of course, for persons of scrofulous constitutions, cod-liver oil and iron are to be given in combination with alterative remedies. I fully admit that the exhibition of Donovan's solution is in great part an empirical proceeding; but I prefer it to any other remedy, and have reason to speak with confidence as to its efficacy in sycosis when employed in the way and at the particular stage above indicated. Lastly, I may add that it is an easy matter to do harm in sycosis by the injudicious use of local irritants, which intensify the hyperæmia and the hyperplasic thickening; and I believe this to be the radical fault in the treatment of sycosis.

CASE OF FATAL RETENTION OF URINE, PRODUCED BY A FIBROID GROWTH, IN A YOUNG CHILD.

BY HENRY SMITH, F.R.C.S.,
SURGEON TO KING'S COLLEGE HOSPITAL.

ON Friday, November 28th, my attention was called by Mr. Delatour, our junior house-surgeon, to a child, nineteen months old, who had retention of urine. On examination I found that the bladder was greatly distended, but that the child did not appear to suffer pain. The history of the case was, that on the previous Wednesday the mother, finding the child could not pass water, took it to a medical man, who vainly attempted to draw off the water. On the following day she took it to the hospital, and Mr. Delatour, ascertaining that there was a very tight phimosis, very properly divided the prepuce, but the retention did not give way, and he then very carefully attempted to introduce a catheter, but failed.

I attempted to pass a No. 3 silver catheter into the bladder, both without and with chloroform, but I was utterly foiled, and I could clearly feel the point of the instrument travelling along on the left side of the urethra. The rectum appeared to be preternaturally dilated, and there was a perceptible hardness between this and the bladder, which I could not make out. I thought possibly that it might be some blood effused from the previous attempts at catheterism, or that possibly there might be a stone sticking at the neck of the bladder.

The child was admitted into the hospital, and, as a further attempt at passing a catheter failed, I requested Mr. Bell, assistant-surgeon to the hospital, to relieve the distended bladder by the aspirator. This was done, and twice repeated, but the child gradually sank four days after admission.

On making a post-mortem examination we at once discovered the cause of the retention and our difficulty, for there was a large, irregular, fibrous growth interposed between the rectum and bladder. It apparently sprang from the periosteum of the pubis and ischium, extending under the arch of the former backwards and forwards, thrusting

the urethra out of its position against the left ischium. So extensive was the growth that there was a solid mass two inches wide, situate between the rectum and posterior part of the urethra. On microscopic examination the appearances presented were those of a fibroid or recurrent growth.

I have not met with a case similar to this, either as regards the situation of the disease or the particular results which were produced. It is well known that in children we occasionally meet with growths, either fibrous or fibro-cystic, in various parts of the body, and which are probably congenital. In this instance the growth may have been one of this kind. Whether, however, it were congenital or not, the locality was peculiar; and we have here presented to us an illustration of a morbid condition not hitherto associated in the mind of the surgeon with the causation of retention of urine in the child.

Wimpole-street.

THE "SKELETON MAN."

By JOHN H. SALTER, M.R.C.S., &c.

HAVING recently read one or two cases of "freaks of nature" in the pages of THE LANCET, I am desirous of making known to members of the profession who are interested in this subject the details of a case, or rather, the description of a human being who came under my own observation during the last week. He is called the "Skeleton Man," and, travelling the country with an itinerant showman, is exhibited to the vulgar gaze at twopence a head.

I was urgently requested by those who had seen him to ascertain if there could be any imposition, and I did so, fully anticipating that my visit would end, as such visits are likely to do, in disappointment and disgust. However, I found every means offered me to make a minute inspection, and, indeed, I was invited by those who had charge of him to "do my very worst."

I subjoin briefly the result of my investigations:—Robert T——, aged thirty-two years, height 4 ft. 6 in., weight 49 lb., was born of healthy parents of the labouring class in the parish of March, Cambridgeshire. His father is dead, succumbing to the effects of advanced age; his mother is living, and also two sisters, who are healthy, married, and well-grown. He describes himself, and is described by those with whom he has lived for a period of ten years, as being quite healthy, and, except in appearance, to be constituted much the same as other mortals. In appearance, however, he is actually and positively what he is represented to be—viz., a "skeleton man," and from birth he has had the peculiar conformation which I am about to describe.

At first sight, when divested of the coverings of his arms and legs, which are simply bones, abnormally small, slightly covered by rudimentary muscles, so minute that they can with difficulty be seen and felt, below a skin of thin and shining whiteness, without a vestige of subcutaneous fat; exhibiting a head somewhat large; and face, skeletonised in like manner, with a mouth full of somewhat prominent teeth, and lips that do not meet; eyes blue, goggled, "cod-fishy," that roll about in sockets denuded of lashes; the skin of the cheeks stretched tightly over their projections of bone, and the chin and lower part of the face wrinkled and wizen,—he certainly wears a supernatural, ghostlike, uncomfortable appearance, which, when exhibited suddenly to the heightened imagination of the inquisitive, I can quite believe has, to use the words of his exhibitor, "caused strong men to faint in all directions." However, this ghoul-like mortal ails nothing. He has been with his present master ten years; he eats, drinks, smokes, sleeps, takes exercise, and shows fits of temper and intelligence very similar to exhibitions of the same description in wayward, spoiled children. He is said to have never had a day's illness in his life; to be not particularly susceptible of cold; to be capable of drinking alcoholic drinks in somewhat large quantities; and the only faculties which appear to be defective are his hearing and his speech, the latter of which is expressed in sepulchral tones and in a jerky manner. He has a capital memory; is particularly fond of children, jewelry, and pictures; and is of a somewhat restless turn of mind and body. He does not like to be thwarted, and at these times exhibits fits of temper and violence quite inconsistent with his apparent strength. He can walk a mile or two at a stretch; when hurried, he "trots rather than runs," though he has been known to scramble through and win a race of one hundred yards. He shakes hands strongly and heartily, his grip being that of a grown man, without apparent effort. His breathing is normal. He evacuates his secretions daily. He is not "a scholar," but his intelligence is quick and keen for his station and opportunities. He has a good head of brown, straight, fine hair; rudimentary eyebrows; no lashes; no hair elsewhere over his body. His joints are large, and so is his abdomen. His chest is of fair size.

Minutely—his head is capacious, well developed before and behind; forehead somewhat low. The circumferential measurement taken round the centre of the forehead is 20½ inches; length from roots of hair to point of chin, 5 inches. His ears are round, prominent, and without lobes; his eyes full and blue, and the eyelids have no lashes. His nose is very pointed and small, with the bridge defective and indented, "foetal." His mouth is large; his lips are thin and widely separate; teeth even, strong, regular, abundant, and projecting, not indented. He seems to wear a perpetual and ghastly grin: a veritable *fac-simile* of Victor Hugo's "l'homme qui rit." His voice is hollow and strong, the sounds proceeding chiefly from the chest. His sight is tolerably good. His movements are quick and active, and he is capable of moving heavy weights. His neck, which, for him, is somewhat fleshy, measures 11½ inches in circumference. Round the chest he is 27 inches; it is much contracted, and free from any muscular development whatever. There is a small quantity of subcutaneous fat about the regions of the chest, back, and abdomen. The clavicles are much bent. The lungs are healthy, and the respiration is normal. The heart-sounds are vigorous and even; the pulse at the wrist is feeble; the veins are large. He measures round the large ribs 27 inches. His scapulæ are well formed, but project; his back is slightly rounded. All his joints are large and somewhat stiffened, and there are excoriations, the result of friction. His arms measure round the prominence of the deltoid, 5½ in. right, 4¾ left; round the middle of the biceps, 4½ right, 4¼ left. The outlines of these muscles are observable. Round the elbow he is 6½ inches, but barely 3 inches round the wrists. A ring with an aperture measuring exactly half an inch across will fall from his wrist when hung there. His upper arm is 10 inches long, measured from the point of the shoulder to the lower end of humerus; his lower arm is 7 inches to the wrist-joint; 2 inches from wrist-joint to point of knuckles; 3 inches from knuckles to the end of ring finger; nails strong, and filbert-shaped. Both arms are contracted at elbow-joints, which seem, like those of the hands, feet, and knees, to be partly anchylosed. From the upper edge of sternum to navel he measures 12 inches. His circumference round the belly is 26 inches. His genitals are defectively developed: there is a rudimentary scrotum; no testicles; the penis, without apparent foreskin or glans, is extremely minute and rudimentary, and measures about half an inch in length. There is no hair on the pubes. He measures 12½ inches round the thickest part of his thigh, 8¼ inches above the knee, 6½ inches below, and 4 inches round the ankle. His feet are very arched, with rudimentary toes, stiffened joints, and very pointed heels. They are 6 inches in length.

The main points of physiological interest appear to me to be, how this man can use so much effort with so little muscular development; and why his tissues are not nourished to a greater extent by the quantity of food consumed, which goes through the process of digestion with apparent ease, and is sufficient for the wants of any ordinary man. There has been no alteration in weight for ten years.

I content myself with giving an abstract of bare facts, the perusal of which may interest some of the members of the profession.

Tolleshunt D'Arcy, Essex.

THE Bethnal Green Workhouse would appear to be a salubrious refuge for the poor. There are now in that establishment ten inmates who have passed their ninetieth year. This is satisfactory, as indicating care and solicitude on the part of the guardians of the parish.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, DECEMBER 8TH, 1873.

DR. S. O. HABERSHON, F.R.C.P., PRESIDENT, IN THE CHAIR.

MR. BRAINE showed a specimen of carved Rhinoceros bone, representing the incisor teeth joined together.

Dr. SEMPLE read a paper entitled

WHAT IS DIPHTHERIA?

The paper was illustrated by a recent epidemic in Italy. The author first gave a general sketch of the successive epidemics which appeared in the world, that of 1856 and those of the following year being the most severe which have ever visited Great Britain. Until that time English physicians knew but little of the malady, and what they did know was derived from French sources. The researches of Bretonneau had contributed materially to diffuse a knowledge of its characters, but even now the true nature of the malady was not, perhaps, fully understood. At the commencement of the present century—viz., about 1818—the disease broke out as an epidemic in France, and then it spread to this country. The loose way in which the word "croup" was used, both by French and English writers, contributed very much to obscure the real character of diphtheria, for while Bretonneau used the terms croup and tracheal diphtheria as synonymous, the English writers included under the name of croup at least three diseases—viz., tracheal diphtheria, laryngitis stridulus, and laryngismus stridulus. Dr. Semple's own opinion was that these affections ought to be called by the above names, and then the word croup might be abolished altogether. Italy has very lately suffered from an epidemic of diphtheria which recalls the epidemics in that country in the seventeenth century. The Italian epidemic of diphtheria began in 1863, and then it somewhat declined till it broke out again in 1867, but it burst forth with greater vehemence in 1869, and reached its maximum in 1871 and 1872. The fearful ravages it committed may be estimated from the fact that in the year 1872 there were 1058 cases of diphtheria reported as occurring in Florence, of which number 563 died, and only 495 recovered. A committee of medical men had been appointed to take the whole subject into consideration and to report upon certain questions connected with the outbreak. They had unanimously come to the conclusion that the so-called croupous form and the diphtheritic form were only modifications of the same morbid process, that laryngeal and tracheal diphtheria (generally called croup) was consecutive in the great majority of cases to the appearance of the disease in the pharynx. On questions of treatment the results were unsatisfactory, although local treatment was mentioned with a certain degree of approbation, and tracheotomy was considered at best a very doubtful remedy.

Dr. CRISP said that, as regards treatment, he believed the supporting and stimulating system was the best. In a former paper he had clearly proved that two-thirds of the fatal cases of croup occurred in children under two years of age.

Mr. DURHAM said the difference between croup and diphtheria was not apparent in the post-mortem room, and though a deposition of fibrinous membranes took place in both, yet that croup was a simple local disease, while diphtheria was a severe constitutional affection. He regretted that the operation of tracheotomy was not performed early enough, and that the details in the after-treatment were often not sufficiently attended to.

Dr. BRUNTON said that, in his opinion, one of the chief points of difference between the diseases was that croup was neither contagious nor infectious, whilst diphtheria was both.

Dr. SEMPLE having replied,

Dr. FOTHERGILL read a paper

ON THE DEPRESSANTS OF THE CIRCULATION AND THEIR USE.

Depressants of the circulation have been largely used in medicine for the relief of febrile and inflammatory affections. The most direct of these, general bleeding, combined with antimony and opium, was considered the basis of treatment so lately as the time of Hufeland. In 1800 Rasini conceived the idea of bleeding the sick person into his own vessels by the administration of large doses of antimony. After him Broda used hydrocyanic acid for a similar purpose with good effects. In 1844 Fleming introduced to general notice a vegetable depressant, aconite. He found that it lowered the pulse in both rate and volume, and produced free perspiration, and he regarded it as a substitute for bleeding. Ringer regards it as a most valuable remedy, fully endorsing Fleming's statement; and is of opinion that many cases of commencing inflammation are cut short by its use. In the meantime the French school have brought forward two measures for affecting the circulation by external means—viz., Jounod's boot and the "jacket poultice." The latter is an excellent means of relieving the circulation, for being applied to a large cutaneous area with its myriads of minute vessels, it dilates them, and actually bleeds the patient into his cutaneous vessels to the extent of their dilatation. The good effects of this in the treatment of pneumonia, and the passing pulmonary congestion familiar to us all in the course of many heart cases, are well known. By means of these depressants several useful actions are induced:—1. The lowering of the temperature by the cooling effects of a free flow through the cutaneous vessels, and by the cutaneous exhalations. 2. The induction of sleep, so associated with cerebral anæmia. The coincidence of sleep and perspiration in the crisis of malarial fever is well known. 3. The removal of the evil consequences of a high temperature. These are obviated by the lowering of the body heat by the action of depressants, partly by the direct action upon the heart, partly by the effect on the cutaneous vessels. 4. The starving of an inflamed area by affecting the general circulation, the vessels of the inflamed part being already paralysed. Bouchut, in the *Bulletin Général de Thérapeutique*, of April 15, 1873, puts in a plea for bleeding, which he finds to lower the temperature two or three degrees, and that, too, very quickly. But the depressant of the circulation may be utilised for other than the above purposes. Aconite is very useful in the treatment of congestive headache with cold hands and feet. Brunton found nitrite of amyl to relieve "angina pectoris," by dilating the peripheral vessels, and so lowering the blood-tension. Balthazar Foster found it relieve "like magic" severe frontal headache with a high blood-tension, in a case of aortic valvular disease. Crichton Browne has found the Calabar bean, which Fraser shows paralyses the cardiac ganglia, to be a most efficient means in the treatment of the wild paroxysms of general paralysis; not only so, but it exercises a beneficial action over the progress of the case generally. In these cases there is usually a strong heart and great cerebral vascularity. Dr. Brown is also using nitrite of amyl in the treatment of recurring epilepsy with most encouraging success. Hydrate of chloral is a powerful depressant of the circulation, lowering the temperature markedly when given in large doses, as well as producing sleep. In America veratrum viride is being extensively used as a cardiac depressant in inflammatory and other conditions. Veratrum, aconite, and morphia relieve palpitation, not by paralysing the heart, but by acting upon the peripheral vessels; and spasm of these vessels commonly is the cause of increased blood-tension and embarrassment of the heart, the ventricle contracting with difficulty in the face of the obstructed blood flow. In much the same way potash and colchicum relieve the circulation in chronic renal disease. Ludwig and Traube regard the presence of histolytic products in the blood in excess as stimulating the vaso-motor centre, and producing spasm of the peripheral arterioles. The elimination of these by potash and colchicum permits of the circulation becoming normal, and it is by this indirect action probably that they act so beneficially rather than by their direct depressant action.

Dr. BRUNTON said he had experienced great pleasure in listening to Dr. Fothergill's very able paper, and he was sure he was joined in that feeling by all the Fellows present. He intended to make some remarks on the use of aconite, but as he was preparing a special paper for the Society on that subject, he preferred being silent till he brought the subject fully before them. As regards bromide of potassium inducing sleep, he quite agreed with the author of this paper that it did produce anæmia of the brain, and on this principle he (Dr. Brunton) had treated a considerable number of cases of acute and chronic hydrocephalus with marked success. By lessening the blood-supply to the head

effusion was arrested, absorption increased, and cure resulted. He had published a paper in a recent number of the *Glasgow Medical Journal* on this subject with detailed cases.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, DEC. 4TH, 1873.

DR. E. J. TILT, PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected Fellows of the Society:—James Johnson Bailey, L.P.B.S. (Stockport); W. A. Concannon, L.K.Q.C.P.I.; and Robert William Parker, M.R.C.S.

Dr. G. MURRAY exhibited an intra-uterine pessary hinged to a vaginal portion, shaped like Hodge's ring pessary.

Dr. WYNN WILLIAMS exhibited a shield for supporting a vulcanised stem pessary, which he used in the treatment of anteflexions. It has a pouch or socket in its lower part sufficiently large for the button of the stem to fit into. After introducing the stem by means of the stilette, the shield is passed over the handle of the stilette through a hole in the centre of the pouch, and is thus guided to the button of the stem, which readily falls into its place, and is there retained.

Dr. CHAMBERS exhibited his divaricating vulcanite intra-uterine stem, which he said was light, well retained, and answered all the purposes for which it is required most satisfactorily.

Mr. J. A. TAPSON related a

CASE OF INTRA-UTERINE TUMOUR.

The author having found great difficulty in removing an intra-uterine growth by the ordinary écraseur, and others also failing, he at length effected his purpose in the following way:—Through two canulæ were introduced pliable cutting wires, which were passed high up into the uterine cavity. One canula being made a fixed point, the other was passed round the tumour, encircling it in the loop thus formed. The canulæ were then withdrawn, and the wires externally connected with the écraseur, and thus the tumour was cut through at its base, and the mass removed.

Dr. POTTER believed that Dr. Frederick Bird, who had been consulted in this case would, at no distant date, send a short communication to the Society, describing more perfectly the instrument which had been used.

Dr. MACCULLUM, of Montreal, brought forward a

CASE OF EXTRA-UTERINE PREGNANCY.

The author of the paper was called to a lady who appeared to be suffering from a severe attack of indigestion. She was then in her fourth month of pregnancy. He prescribed for her. Three hours after he was again called to her, and on his arrival found her dead. She had suffered from severe vomiting, abdominal pain, and great faintness. Her features became blanched, her countenance changed, and she told them she was dying. She had died about twenty minutes before his arrival. Upon examination the next day, an immense effusion of blood was found in the peritoneal cavity. The fœtus was discovered lying in the abdomen, and connected by a funis with an imperfectly developed placenta. The sac was formed by the structures of the Fallopian tube, near the centre of which the ovum had apparently been arrested. The ovary of the same side contained a corpus luteum. The uterus was increased in size, somewhat flaccid, and its inner surface was covered with a well-marked decidua. The author also related a second case where he had diagnosed extra-uterine pregnancy during the second month of gestation. The patient recovered, and, becoming again pregnant, was delivered at full term seventeen months afterwards.

Dr. EDIS thought the best treatment in these cases, when there was evidence of collapse from internal hæmorrhage, was the application of cold to the abdomen, with pressure, stimulants being only given if absolutely requisite to avoid a fatal termination, the employment of opium being rather indicated. He had found this treatment successful, although the patient was moribund when first seen.

Dr. AVELING said, as the subject of extra-uterine pregnancy was before the Society, he would like to ask of any fellows who had met with cases of the abdominal kind in which the fœtus had arrived at maturity, whether in such cases the ordinary uterine pains occurring during labour were observed?

Mr. SCOTT believed that in the first case mentioned death had resulted from rupture of the sac caused by the effort of vomiting, an accident which he believed to be always imminent in these cases from the extreme tenuity of some part or other of the sac. In answer to Dr. Aveling, he referred him to a case which he had read before the Society, in which pains came on at term, subsided for some weeks, and then recurred with such intensity as to necessitate an operation.

Dr. PHILLIPS, in answer to the same question, stated that he had seen a case of abdominal pregnancy in which labour-pains came on at term, and milk appeared in the breasts.

Dr. ROUTH read a paper

ON THE USE OF THE INTRA-UTERINE STEM IN UTERINE DISEASES.

The author, after premising that the most opposite views were held by learned men of different schools as to the usefulness of intra-uterine stems at all, pointed out that this arose from sufficient precautions not being taken before they were used, and that it was not sufficiently clearly laid down in what special uterine diseases they should be employed; and, thirdly, in the quality of the instrument to be selected. Where proper care was taken to meet these three contingencies, the use of intra-uterine stems was both safe and advantageous.

I. *Preliminary treatment.*—All inflammatory and congestive symptoms should be first combated by local bloodletting, by leeching, scarification, or, it may be, by the hysterotome. 1. In cases complicated with general induration, potassa fusa; in cases of fundal endometritis, in addition, blisters to the abdomen. In milder examples, glycerine stupes applied for a week or so to the cervix uteri, &c., besides ordinary dietetic means, and occasional laxatives. 2. In some cases it was necessary, in addition, to enlarge the cervical canal by tents. The author showed that some of the accidents following the use of tents were due to the neglect of precautionary measures preceding their use; also to the tents not having been properly disinfected; also to straight tents being forced up into uteri where flexed tents should be used. 3. The enlargement of the canal was sometimes best effected by the hysterotome, after which he introduced a small, disinfected, sea-tangle tent into the outer part of the opening made, and kept it *in situ* by cotton plugs. 4. His experience was entirely opposed to forcible and immediate dilatation by instruments.

II. The author next stated the diseases in which the intra-uterine stem should be employed. 1. In cases of *membranous cervix*. 2. In cases of *amenorrhœa*, not due to anæmia, but to a stoppage from some other accidental cause. The presence of a tent in utero provoked a catamenial flow. The advantages of a simple self-retaining stem over the stem made of copper and zinc were dilated upon, and a case given to illustrate the opinion. 3. In cases of *dysmenorrhœa*. Two varieties of this form of disease were given; in the first mechanical obstruction existed, and in the second the neuralgic element was most marked. Both had been cured by the elastic caoutchouc stem. 4. In cases of *uterine flexion*. The author recommended the use of internal stems, more particularly where Hodge's pessaries had failed or could not be borne, where there was synchronously rectal disease, and where the flexions were very acute with much fundal pain.

III. The author then laid down what practice indicated as necessary conditions in the formation of an intra-uterine stem. 1. They should allow an omnilateral movement of the uterus. 2. They should not be longer than two inches, save in exceptional cases, in order that they may not touch the fundus uteri. 3. They should be bicornate superiorly, so as to be retained in utero. 4. Their diameters should not be too small. 5. They should be light, and not easily corroded.

IV. He then showed that the instruments already used were capable of division into seven groups. 1. Those which fixed the uterus like Dr. Simpson's original instrument. 2. Ordinary cylindrical stems with a disc, and which had been made of almost every known substance. These were chiefly disadvantageous, inasmuch as they fell out and prevented the resiliency of the uterus on itself. 3. Those with a vaginal support, either by a diaphragm or a Hodge. Like

the last, they prevented the elasticity of the uterus on itself, but did not fall out. 4. Divaricating stems, as originally instituted by Graham Weir. These remained *in situ*, but they all prevented the elasticity of the uterus upon itself. 5. Coiled wire stems, which allowed for this uterine elasticity, but needed a support inferiorly. 6. Caoutchouc stems as invented by Dr. Greenhalgh and modified by others. 7. A modification of the fifth and sixth varieties combined; the caoutchouc stem having a thin coiled wire within. This last he had first used and found very effective in some cases. Owing to the cornu superiorly, a vaginal support could be frequently dispensed with.

Dr. AVELING said perhaps an appropriate opening to the discussion would be to call attention to a fact not mentioned by the author of the paper—viz., that intra-uterine stems were used in the seventeenth century. Henry van Roonnuyse, after dilating the cervix with gentian or sponge tents, introduced a tent of silver, ivory, or horn after the fashion of a screw, thicker at one end than the other, and hollow. This, he said, might be carried without inconvenience. This practice was adopted in England by James Cook in 1647.

Dr. BARNES said he was convinced that intra-uterine stems were, in properly selected cases, of the greatest use. He had frequently employed the galvanic pessary with satisfactory results, in cases of amenorrhœa, the catamenial discharge appearing, and the nervous symptoms passing away. In consequence of the zinc portion becoming rough, he advised the removal and cleansing of the instrument once a fortnight. In cases of dysmenorrhœa he had, after incising the os externum, used Dr. Chambers's stem with advantage, pregnancy having frequently followed the removal of the dysmenorrhœal condition.

Dr. HEYWOOD SMITH supported Dr. Routh in his method of reducing uterine congestion by depletion before dilating the cervix uteri. In dividing the cervix he preferred the use of a nearly straight knife, and the introduction of sponge tents after incision he thought dangerous. He waited until the edges of the incision healed before introducing any tent.

Dr. SQUIRE remarked that if all the treatment described be really required merely with the object of introducing a stem, surely a prior question arises whether that operation should not be delayed until relief had been obtained by means less severe than those detailed in the paper.

Dr. T. CHAMBERS said he had not found it necessary to adopt the prolonged preliminary treatment urged by Dr. Routh. He thought all dislocations should be reduced at once, and this method of treatment had, in his hands, proved most satisfactory. He thought it dangerous to introduce a stem in the consulting-room or out-door department of a hospital, and then allow the patient to go home. She should be kept in bed after its introduction at least a week.

Dr. WYNN WILLIAMS agreed with the last speaker that rest for several days was necessary after the introduction of the stem. Where much difficulty existed in introducing it the stem should be made to assume the curve of the flexed uterus. He thought the precautionary measures proposed by the author should be carried out when any diseased condition existed.

Dr. EDIS considered the employment of intra-uterine stems to be attended by much risk, not only to health, but also to life, and that although he had occasionally employed them, he avoided their use wherever it was possible. They should be employed with extreme caution, and only after preparatory treatment.

Dr. TILT, whilst admitting the value of stems, stated that he found it necessary to use them only in a limited number of cases. He was surprised that no speaker except Dr. Edis had taken into account the serious consequences that occasionally followed the use of stem pessaries. He believed they not unfrequently caused or augmented uterine or peri-uterine inflammation.

Dr. ROUTH said, in answer to Dr. Squire, that if preliminary treatment cured his cases, he never thought of applying a stem; and, in answer to Dr. Tilt, he begged to say that he did not use the stem in *every* case, but only in those in which the ordinary measures failed.

LAST year the costs of coroners' inquests in Ireland was £7502, paid out of local taxes.

Reviews and Notices of Books.

History of the American Ambulance established in Paris during the Siege of 1870–71, *together with the details of its Method and its Work.* By THOMAS W. EVANS, M.D. &c., President of the American International Sanitary Committee, Commander of the Legion of Honour. London: Sampson Low, Marston, Low, and Searle. 1873.

THIS handsome book is the first volume of the author's General History of the Sanitary Associations during the late Franco-German War. It commences with a full account—including copies of correspondence—of the formation of the American International Sanitary Committee in Paris, as well as that of the American Ambulance. The various difficulties and discouragements experienced are dwelt upon. It appears that, with the exception of personal efforts made by Dr. Elisha Harris of New York, no assistance "was ever sent from the United States in aid of the American Ambulance, whether in response to private or public calls for help." Nor did it receive its share of the large donation of 500,000 francs sent by the British National Aid Society for distribution among the ambulances of Paris. Sir Richard Wallace contributed 5000 francs, which, with the sums collected by the Committee on its first formation and some trifling subsequent aid in kind, constituted the only pecuniary and material assistance received. With these exceptions, "the entire cost of maintaining the ambulance from first to last was met by the President, who was also left to assume the liquidation of the debts contracted by the Committee."

Dr. Edward Crane furnishes a very exhaustive report on the principles in accordance with which army hospitals have been and should be established, and on the use of tents for campaigning purposes. The latter is fully illustrated with most excellent drawings of the several tents, huts, &c., employed in different countries, or proposed by various persons, to afford temporary and portable shelter to troops or sick and wounded in the field. The relative merits of these contrivances are discussed at considerable length.

Part III. gives a detailed statement of the "special organisation of the American Ambulance." When first formed, this establishment consisted of a field hospital for the accommodation of a hundred patients in "tent-barracks" erected in the Avenue de l'Impératrice; but in December, 1870, it being considered desirable to extend the arrangements, a large house in the vicinity was annexed and fitted up with fifty beds. The ambulance was then really composed of a "tent-hospital," a "tent-barrack hospital," and a "house converted into a hospital." But the barracks and house were regarded as dependencies of the tents; and had the siege been raised, or the French army able to leave Paris, the ambulance would have been able to follow: it "never at any time lost its essential and distinct character of a 'field-hospital.'" The peculiarities of structure, of equipment, and of organisation are dwelt upon with great minuteness, and afford valuable information for future reference.

Dr. Swinburne furnishes an elaborate surgical report, in which the cases of wounds and operations are carefully and methodically stated, reference being made to the difficulties under which they were treated. The work concludes with a brief medical report by Dr. Johnston, who acted as physician to the ambulance.

The Philosophy of Evolution. By B. THOMPSON LOWNE, M.R.C.S., F.L.S. London: John Van Voorst.

BY what the author of this essay terms "evolution" it cannot be said, in the words of Mr. Gladstone, that "God is relieved of the labour of creation."

In the opening chapter the hypotheses of evolution and creation are contrasted; but what is laid down as evolution is in reality creation *plus* evolution, inasmuch as while evolution is said to result from the mutual action and reaction of "energy" and "matter," yet for the original production of these "two ultimate modes of existence" (energy and matter) a "first cause" has to be imported. Nevertheless, in a succeeding chapter, it is confidently anticipated that "living matter" will eventually be formed—as alcohol, sugar, and other "organic bodies have been formed by the chemist which were formerly believed never to originate except by the action of vitality." Again, the power of assimilation previously looked upon as peculiar to living matter is pronounced to be "an increase of mass entirely analogous to that which a piece of brass undergoes when immersed in a suitable solution and supplied with energy by means of a voltaic current."

Having thus, with no little effort, laid a foundation, Mr. Lowne builds up the theory of evolution by an interesting collation of facts from more elaborate treatises on the subject, and for the final superstructure of reason the Divine Power is again invoked. Those, therefore, who fear the atheistical tendency of the doctrine need not hesitate to study this Actonian prize essay.

Ashanti and the Gold Coast; and what we know of it. A Sketch. By Vice-Admiral Sir JOHN DALRYMPLE HAY, Bart., M.P., C.B., D.C.L., F.R.S. London: Stanford. 1873.

THIS, like the work by the officers of Sir Garnet Wolseley's staff, gives a description of the political history of our British rule, and the events which have led to the war with the Ashantees. The Dutch obtained English possessions in Sumatra, with their present Acheen war, in exchange for their possessions on the Gold Coast, which they have ceded to us, with this war along with them. We notice that the author concurs strongly in the opinion we had already formed as to the great natural advantages of the Volta as the base of operations, on the grounds of the relative salubrity of the climate, the advantages of good water, carriage, and the co-operation of the loyal and brave tribes of Krobo and Akim, whose services to us would be of a very different kind from those our Fantee allies are likely to render. This little book is a good one; the information is clearly put together, and the work has a useful map.

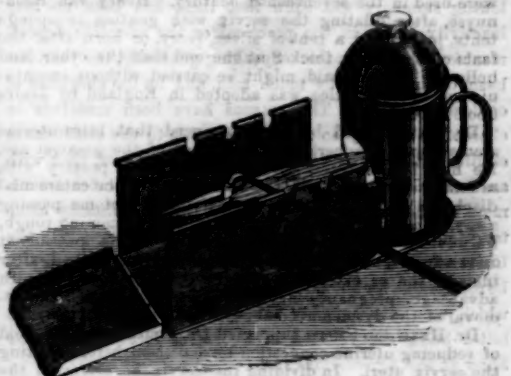
Pheasants for the Coverts and the Aviaries. By W. B. TEGETMEIER, F.Z.S. Illustrated with full-page Engravings, drawn from life by T. W. WOOD. London: The *Field* Office. 1873.

IN speaking of the suppression of scent in the sitting pheasant, we have already had occasion to notice the second part of this valuable work, which, we are pleased to see, is now completed. Mr. Tegetmeier, who was pre-eminently fitted for the task of writing on the natural history and management of pheasants, has been remarkably successful in his efforts, and has conveyed an amount of amusement and information which is truly surprising. In describing some of the diseases to which pheasants are liable, he makes a remark well worthy of the consideration of sanitarians. He says, "tubercles in the lungs and liver are the result of breeding from weak stock, from overcrowding on the same ground, and from close interbreeding. The remedies suggest themselves." Why should not a similar common-sense view be taken of the same diseases in the human subject? As for the engravings, it is sufficient to say that they are from the careful pencil of Mr. T. W. Wood, and we may say, with the author, "He that likes not the book should like the excellent pictures."

New Invention.

MATTHEWS BROTHERS' NEW "SEPTIC" CAUTERY LAMP (REGISTERED).

THE want of a small and effective lamp for heating the actual cautery is one which has long been felt. In operations such as Mr. Henry Smith's for the removal of hæmorrhoids it has often been a cause of much inconvenience to heat the cautery by the ordinary bedroom fire, the bars of the grate being in many instances too high to allow the point of the instrument being inserted in the midst of a



clear fire whilst the handle rests on the hearth; the alternative being to thrust the iron into the fire with the handle protruding horizontally, in which case it becomes heated in the stem as well as in the button, causing the handle to be dangerously "warm" to the operator. It may also happen that the fire in the patient's room is not a bright one, the result being that the coal adheres to the iron, from which it is with difficulty removed.

The ingenious arrangement invented for Mr. Henry Smith by Messrs. Matthews, of Portugal-street, entirely removes all these inconveniences. The Septic Lamp is on the principle of the Russian blow-pipe, by which a little methylated spirit is boiled in an upper reservoir furnished with a safety valve, and the spray of spirit vapour ignited by a little flame beneath the upper reservoir, which may be easily regulated and promptly extinguished. The jet of flame is protected by copper sides, on which the iron or irons are placed, and made hot at the button only in "one or two minutes."

The whole affair folds in a very compact little japanned box, which is furnished with a tin compartment to hold a quantity of spirit; and the whole box (which may be made to carry the cauteries also) measures on the outside 8¼ in. by 3¼ in.

We are extremely pleased with this ingenious arrangement; and have no doubt that in India and warm climates, where a fire is not readily obtainable, the instrument will be extensively used, as it will doubtless be here, owing to its simplicity, handiness, and moderate price.

The specimen lamp shown to us was fitted in a little bag, which contained, besides, Mr. Henry Smith's set of clamps, cauteries, &c., for hæmorrhoids.

THE LANCET.

LONDON: SATURDAY, DECEMBER 27, 1873.

THE year 1873 has, perhaps, made less than the usual demands on the art of Medicine, inasmuch as, on the whole, it has been a healthy year. Nevertheless, we hope the following summary will show that there has been no lazy inactivity either in the practical or the scientific departments of the profession. Speaking generally, the year has been distinguished by much rain, and by the abeyance of epidemic diseases. The seasons have been moderate in character, and, by so much, favourable to the continuance of life. It has occasionally happened, however, that with an unusually small mortality there has been extensive ailment of the population. Mr. GLADSTONE's Ministry came to grief in March in a great attempt to reconstitute the University system of Ireland. The last month of the year will be memorable for a London fog of nearly three days' duration, which was very severely felt both by man and beast, the latter being congregated in December force in the Cattle Show at the Agricultural Hall.

In Anatomy and Physiology, the principal systematic treatises that have been published are—the final volume of HENLE's great work on Human Anatomy, the fourth volume of Dr. AUSTIN FLINT's Physiology of Man, and the Handbook for the Physiological Laboratory by Dr. BURDON-SANDERSON, in conjunction with Dr. KLEIN, Prof. FOSTER, and Dr. BRUNTON—a book that will prove of great service to the student, and supplies a want that has long been felt. For those to whom expense is an object, Dr. BENNETT's recently published Text-book of Physiology will to some extent supply the place of the last-mentioned more complete and elaborate treatise. Dr. FLEMING has published a good translation of CHAUVEAU's work on the Comparative Anatomy of the Domestic Animals. In addition to his share of the handbook, Dr. KLEIN, in a carefully written and elaborately illustrated memoir, has demonstrated the relations of the serous sacs to the lymphatic system, and shown that they may be regarded as modified lymphatic glands; and PASCHUTIN has written an important essay on the rapidity of the flow of lymph in the lymphatics and on the circumstances modifying its composition. MALASSEZ has invented an instrument for the more exact computation of blood-corpuscles, and has found great variations in the blood of different organs in different animals, ranging from 18,000,000 corpuscles in a cubic millimetre in the goat to 3,200,000 in the veins of the ears of the rabbit; and STEINBERG suggests a new method, based on the translucency of hæmoglobin for the green rays of light, for estimating the absolute quantity of blood in the body. NEDSVELSKI has described, as normal constituents of blood, actively moving particles visible only under a power of 900 or 1000 linear. PETTIGREW has continued his lectures on the Physiology of the Circulation in the Lower Animals and in Man, and has published a work on Animal Locomotion. Mr. LIVERSIDGE has isolated the amylolytic ferment of the pancreas; and PLÓSZ and TIEGEL the sugar-producing ferment of the blood. RÖHRIG has described the effects of alteration of the circulation upon the flow of bile. A capital translation of ECKER's Nomenclature of the Cerebral Convolutions by Mr. GALTON has just appeared, which, with a good essay by Professor TURNER on the Convolutions of the Human Brain in relation to the Intelligence, may be studied as a fitting introduction to the interesting results obtained by Professor FERRIER on the effects of direct irritation of the brain. The difficulties that present themselves in determining the functions of the grey substance of the hemispheres, in consequence of its insusceptibility to every kind of irritation, have long been acknowledged and have been imperfectly answered only by admitting that the grey matter forms *en masse* the material substratum by means of which the higher mental operations are performed. Slight irritation appeared not to be followed by any effect; whilst it was felt that little reliance could be placed on the results of abscission—first, because these results were not constant, and, secondly, because the violence inflicted was so severe that other and even remote parts might be implicated. Of late, however, the experimental investigations of several observers have shown that when due care is exercised and appropriate means are employed, it is not difficult to obtain evidence of the reaction of certain parts of the hemispheres to direct irritation. And Prof. FERRIER, following up the method adopted by MM. FRITSCH and HITZIG, has not only corroborated some of the views held by physiologists based essentially on histology and pathology, but has made some important additions to our previous knowledge, showing in particular that, whilst the anterior portions of the cerebral hemispheres are the chief centres of voluntary motion, the individual convolutions are separate and distinct centres, exercising in general a crossed action, though certain movements are bilaterally co-ordinated from each hemisphere. Dr. FERRIER has further demonstrated that the corpora striata have crossed action, and are great centres for general muscular movements; that the corpora quadrigemina, besides their connexion with vision, are centres for the extensor muscles of the head; that the optic thalamus, fornix, and adjoining parts have no motor signification; and, finally, that the cerebellum is the co-ordinate centre for the muscles of the eyeball. In noting the progress made in demonstrating the localisation of function in the brain we ought not to forget the patient clinical and pathological work done quietly for years past by Dr. HUGHLINGS JACKSON, to which a just tribute was paid at the British Association by Professor RUTHERFORD and Professor FERRIER. In the first volume of THE LANCET or this year were two or three communications from him "On the Anatomical and Physiological Localisation of Movements in the Brain." The histology of the central nervous system has been worked at by BOLL. Similar, though less satisfactory, results have been obtained by the method of injection with chromic acid by NOTHNAGEL, and with chloride of zinc by FOURNIÉ. METSCHINKOFF and SETSCHENOW have pointed out that, when the vagus of a tortoise is continuously excited, the inhibitory influence on the heart can be shown to be periodical, lasting only for a certain time, then ceasing for a short period, and then recommencing after the heart

has executed a few beats rapidly. A similar periodic function in the isolated heart of the frog has been noted by LUCIANI; and MAYER and PRIBRAM have shown that irritation of the stomach, as by pinching its walls, is followed, not only by slowing of the heart's action, but by increase of arterial blood pressure throughout the system. Dr. GARROD has endeavoured to establish the law which regulates the frequency of the pulse; and Dr. GALABIN has investigated the causes of the secondary waves seen in the sphygmographic tracing of the pulse. HORVATH has investigated the influence of the nervous system on the intestinal movements, and brought again into notice the importance of attention to temperature in all similar experiments; and v. BRAAM, whilst maintaining that the vagus is the motor nerve of the stomach, denies that it has any action on the small intestine. The influence of temperature on nervous action noted by HORVATH is the subject of a paper by Professor FOSTER in his "Studies from the Physiological Laboratory of the University of Cambridge"—a new physiological journal of which we augur well, and to which we wish success. This journal contains in addition three papers on the early stages of development of the embryo by Dr. BALFOUR, of Cambridge: one being devoted to the history of the development and growth of the layers of the blastoderm of the hen's egg; a second to the demonstration of the "primitive groove" being only a temporary structure; and a third to the development of the bloodvessels of the chick. PARKER, one of the ablest of living embryologists, and who, we believe, has worthily been selected to deliver the Hunterian lectures on Comparative Anatomy at the College of Surgeons in the ensuing year, has continued and extended his researches on the development of the skull. The structure of the placenta has been elucidated by the observations of TURNER, HENNIG, WINKLER, ERCOLANI, and GARROD.

The case of the Emperor NAPOLEON, occurring at the beginning of the year, directed the attention of the profession, no less than that of the public, to the treatment of vesical calculus. We placed the facts of this important case, so far as they were obtainable, before our readers, and commented on them freely. It must always be a subject for regret to British surgeons that the case terminated fatally, and Sir H. THOMPSON is to be sympathised with in that he is still apparently prevented from making public the entire details of it, by which many of the current doubts and surmises would doubtless be laid to rest. Two clinical lectures by Sir H. THOMPSON, "On the Influence of Renal Disease on the Choice of Operation for Stone in the Bladder," and "On the Treatment of Stone in the Bladder by Solvents," appeared in these columns in the early part of the year, and excited much interest, being taken in some sense as their distinguished author's "Apologia." The subject of stone in the bladder has again cropped up later in the year, through the exhibition in London by Mr. GUTTERIDGE, of Birmingham, of his peculiar method of operating. Mr. GUTTERIDGE is an enthusiast, as will be learnt from his recent letter in these columns, and no doubt a clever lithotomist, whatever may be the merits of his special procedure; but we fear he will find it difficult to persuade the authorities of St. Thomas's Hospital that he has any moral or legal right to take the peculiar position occupied by the great Cheselden. *Apropos* of stone, we may notice the misplaced charity evinced by a donation of no less than £10,000 to St. Peter's Hospital.

The Address in Surgery delivered by Mr. JOHN WOOD at the meeting of the British Medical Association in August went far to show that the antiseptic treatment, as devised by Professor LISTER, is not the *summum bonum* for hospital practice which its ardent supporters believe it to be. Mr. WOOD showed that cases treated antiseptically did not do better than those treated on the old system in the same hospital, and this view has received further support from Mr. CALLENDER'S practice at St. Bartholomew's Hospital, upon which we recently commented. In his Introductory Address, on the 1st October, Mr. ERICHSEN took occasion to call attention to the mortality occurring in hospitals, and the subject is one which doubtless presses upon the attention of surgeons. Mr. HOLMES continued his lectures "On Aneurism" at the College of Surgeons, and these have all appeared, under the author's supervision, in the columns of THE LANCET. We have also published lectures by Mr. BARWELL "On Infantile Paralysis," by Mr. CHRISTOPHER HEATH "On Diseases of the Rectum," by Mr. JONATHAN HUTCHINSON "On Iritis," "On Prostatic Retention," and "On Extra-uterine Fœtation." A lecture "On Tertiary Syphilis," by Mr. SAMUEL LANE, and six lectures by Sir JAMES PAGET "On the Nervous Mimicry of Organic Disease," which have also appeared in our columns, stood somewhat apart as valuable records of past clinical experience by eminent men no longer engaged in active hospital practice, but whose ripe experience cannot be over-estimated. In addition to numerous original papers which have been contributed to our columns by surgeons in all parts of the world, we have, in the "Mirror of Hospital Practice," brought before our readers many interesting cases illustrating the treatment of surgical diseases and injuries by the members of most of our hospital staffs. Among them we may especially refer to the results of ovariotomy at the Hospital for Women, London, and St. Mary's Hospital, Manchester; the employment of the actual cautery in castration at King's College Hospital; cases of cerebral disease following disease of the ear, at the London Hospital; two cases of amputation at the hip-joint at St. George's Hospital; a case of gastrotomy for carcinoma of the œsophagus at St. Thomas's; and a series of cases of epithelioma of the tongue treated at University College Hospital.

The surgical novelties of the year may be put down as three in number. First comes the Aspirator, which, though originated by Dr. PROTHEROE SMITH, has received an extended application from Dr. DIEULAFOY of Paris, who read a paper on the subject at the meeting of the British Medical Association, and has also published a work in English. Although the majority of surgeons will probably not be prepared to use the instrument in every sort of case with the enthusiasm of its author, there can be no doubt that it is often of great advantage to be able to extract fluids from deeper parts of the body with safety and certainty. The second novelty is the introduction of a bloodless method of proceeding in cases of amputation and other operations on

the limb, by means of an elastic bandage by which the limb is blanched, and a circular elastic cord which compresses both the arteries and veins of the limb. This plan, proposed by Professor ESMARCH, was introduced into this country by Mr. MACCORMAC, and has been adopted in some form by most hospital surgeons. It remains to be seen whether there are any drawbacks to the system, and especially whether embolism is likely to result in certain cases from displacement of clot which may have already formed in the veins of a damaged limb. The third novelty is the use of the elastic ligature for the division of soft parts—e.g., the breast—proposed by Professor DITTEL, of Vienna, and quite recently introduced into this country by Sir H. THOMPSON. The practice is too recent for surgeons as yet to have fully appreciated its merits, but our impression is that the cases will be found to be few in which the use of the knife will be superseded by the necessarily tedious process of the elastic ligature.

At the International Exhibition a section was allotted to Surgical Instruments and Appliances, to which most of our leading mechanicians contributed. Several members of the profession also contributed instruments of historical interest, and among them we may especially note the stone instruments of Sir B. BRODIE exhibited by Mr. CHARLES HAWKINS, and the early lithotrites of Sir WILLIAM FERGUSSON fashioned by his own hand.

In the College of Physicians in February there was a lively discussion on the subject of the mode of admission to the Fellowship of the College. This discussion was founded on a report of the Council on the mode of nomination, drawn up in accordance with a resolution of the College in October, 1872. The changes recommended by the Council, and ultimately sanctioned by the College, were not of a revolutionary character; they were to the effect that the Fellows are to be individually *invited* yearly to nominate Members for the gracious consideration of the Council, and that whereas formerly such Members had to be nominated by two Fellows jointly, and by two only, they may now be nominated by any number of Fellows. As before, the veto of the Council is absolute, however strong and numerous the recommendations they may receive in favour of any particular Member. We published in April a verbatim report of the retrospect of the College during the past year by the President, Dr. BURROWS, which was characterised by much wisdom, and expressed a desire to see the College "more firmly established at the head of the medical division of the profession, and in the position which was so unhappily and unwisely renounced at the time of the passing the Medical Act of 1815." Considerable dissatisfaction was expressed in the College when the report of the Committee of Reference on the Conjoint Board Scheme was presented for its acceptance merely, and not for criticism. If the Colleges and other bodies concerned in the Conjoint Board Scheme do not take precautions, it seems possible that they will be practically superseded by the Committee of Reference, which will really have very serious powers. The Croonian Lectures were delivered by Dr. CHARLES BLAND RADCLIFFE, who chose for his subject "Mind, Brain, and Spinal Cord in certain Morbid Conditions," and who courageously opposed not a few of the fashionable doctrines of the day on these great subjects. Dr. LIVEING, in the Gulstonian Lectures, treated in a learned and practical way of the "Distribution, Etiology, and Pathology of Leprosy."

At the College of Surgeons the resignation of Mr. CHARLES HAWKINS removed one of the most steady reformers from the Council, and made an additional vacancy at the July election. Sir JAMES PAGET was, as a matter of course, re-elected, and Messrs. WALTON, MARSHALL, and SOUTHAM were elected to fill the vacancies caused by the retirement of Mr. QUAIN, Mr. HAWKINS, and Mr. TURNER; Mr. SOUTHAM being ostensibly chosen to represent the provincial interests in the place of the last-named gentleman. The recent resignation of office by Mr. SOUTH has left Mr. HILTON the senior member of the Council, and he will probably not seek re-election next year. The Hunterian Oration was delivered by the President, Mr. HANCOCK, who drew upon himself some remarks by appearing to decry preliminary education for medical men. Three members have been added to the Court of Examiners during the year—viz., Messrs. HOLDEN, MARSHALL, and HOLMES, the last-named gentleman and Mr. SAVORY being now the only examiners not having seats on the Council. A resolution of the Council, carried at the instigation of Mr. CHARLES HAWKINS, condemning the frequent advertising of surgical works in the daily papers by Fellows and Members of the College, seconded as it was by a similar resolution of the College of Physicians, has, we fear, had little effect in checking the practice, the power to enforce its views being wanting in the opinion of the Council's legal advisers. The appointment of a committee to consider the present method of teaching practical physiology and practical surgery may lead, we hope, to more efficient instruction being given in those departments. The committee appointed to consider the Conjoint Examination scheme has made no report, but Mr. QUAIN, who was one of the representatives of the College of Surgeons on the committee, has recently seen fit to resign his office, and has been succeeded by Mr. ERICHSEN.

In the "Mirror" we have endeavoured to present to our readers a reflection of the interesting facts in hospital practice, having given a short account of the more important cases, illustrating exact methods of diagnosis and new and effectual modes of treatment. During the year almost every department of medicine and surgery has been fully represented, and all the legitimate specialties have enjoyed a fair share of attention. While all the cases that have been reported were of more than ordinary interest, some were unique and some exceedingly rare. Accuracy in the reports has in every instance been secured by the kind co-operation and supervision of the physicians or surgeons under whose care the patients were placed, or by transcription of the notes taken at the bedside by the clerks or dressers. The following cases are worthy of special notice:—A case of ulcerative endocarditis giving rise to septicæmia and death. Axillary aneurism successfully treated by compression. Numerous cases of affections of the brain, as sarcoma, red softening, hydatid cysts, papillomata, abscess from injury to the head or from disease of the ear, paraplegia from curvature of the spine, pseudo-hypertrophic paralysis, glosso-pharyngeal paralysis, and vertigo from disease of the ear. Several instructive cases of fracture of the skull, with and without

depression, have also appeared; and some cases illustrating diseases of the osseous system have also been published, chief among which was a case of hereditary exostoses occurring in the hospital practice of Dr. POORE. Two remarkable cases of persistent priapism were noticed at some length. The importance of paracentesis thoracis in cases of empyema has been frequently insisted on. Of the influence of constitutional affections on the general nutrition, we may point to the case under the care of Mr. BARNES of Liverpool, in which latent syphilis was shown to be a cause of non-union of broken bone. Early in the year there appeared the notes of a case in which gastrotomy had been performed for malignant stricture of the œsophagus. Between twenty and thirty cases of ovariotomy have been published. Dr. BRITTAN has reported a peculiar instance of typhoid ulceration of the bowel without the constitutional symptoms of enteric fever, which, it will be remembered, gave rise to an important discussion. The hospital department has not been without considerable interest to therapeutists. The most important points perhaps were the treatment of diabetes insipidus by valerian, by Dr. BRADBURY; the use of copaiba resin, by Dr. WILKS, as a diuretic; the administration of hydrate of chloral in strychnine poisoning, by Dr. DICKINSON; and the employment of strychnine in optic nerve atrophy, by Professor CHISOLM.

Independently of the mere record of hospital practice, our columns have indicated the general drift of the art of healing. The hypodermic method of administering medicines grows in favour. The experiments of Dr. FAYRER raise a hope that artificial respiration will save some cases of snake-bite. Electricity continues to be reported successful in many cases of skin disease. The uses and risks of chloral have been the subject of many communications. Dr. BUZZARD, in his valuable papers on "Nervous Affections in Syphilitic Subjects," has taught us to be more careful in our search for the history of syphilis; and if he has not discovered a new remedy, he has taught us well that we have not hitherto fully used an old one. His experience of the curative power of very large doses of iodide of potassium, sometimes associated with mercury, is a fresh and grateful proof that therapeutical results are still a part of the art of medicine.

Coming to Epidemiology, as in the past year so in the present year cholera has assumed an interest overpassing all other epidemic diseases. At the close of 1872 cholera was prevailing more or less actively in Galicia, Hungary, Moravia, Bohemia, Austria, Silesia, and Poland. This prevalence continued throughout the winter of 1872-73, but towards the close the epidemic died out in Moravia, Bohemia, and Austria. Early in the spring a reawakening of the disease occurred in Hungary, Galicia, and Silesia, and close upon this reawakening cholera began to spread along the great lines of water and railway communication in Central, Western, and Eastern Europe. It extended along the valley of the Vistula to the shores of the Baltic. It travelled down the valley of the Oder to Breslau. It entered the valley of the Elbe, and early in the spring was at Dantzic. It crossed the Polish frontier at several points besides the line of the Vistula, and between Königsberg and the Elbe it spread somewhat widely in the intermediate provinces. In June it penetrated into the central districts of Prussia, attacking Berlin, and the same month it reached the westernmost part of Germany, Hamburg. While this extension had been going on in the north-west, cholera appeared in Vienna and the surrounding districts, and spread into more than one district of Bavaria. Paris was attacked in September. In the north, cholera reappeared in St. Petersburg in August. In the south, cholera moved from Hungary across the Italian frontier into the province of Treviso in May, and subsequently extended to several of the northern provinces, and appeared in Genoa, Naples, and Rome. In the east, cholera began the descent of the Lower Danube late in April, and reached the mouth of the river early in June, appearing at many points on both banks. North of the Lower Danube it spread somewhat widely in the two Principalities, and south of the Lower Danube it extended to the foot of the Balkan Mountains. In the south of Turkey there was an offshoot of the epidemic, as it were, in several villages near to Salonica. There was considerable scattering of the disease in the seaports of the Baltic and west of Europe. Cronstadt, Riga, Revel, Pernau, Memel, Königsberg, Dantzic, Stettin, Hamburg, Altona, Antwerp, Rotterdam, Havre, Rouen, Geneva, Naples, Trieste, the Danubian and some other ports, suffered from the infection. England did not escape. The epidemic was several times imported from continental ports into the ports of London and Liverpool, and once into Southampton, but without any extension among the populations of the respective towns to the present time. With the exception of Hungary, the chief original centre of the extension thus briefly described, the epidemic does not appear to have prevailed anywhere with any great severity; but in Hungary the epidemic, from its beginning in 1872 to its close in the present year, is said to have attacked not less than 433,000 persons, and of these killed upwards of 183,000. While cholera was thus extending in Europe, an outbreak occurred in the valley of the Mississippi, in the United States. Beginning at New Orleans about the same time that cholera became active in Europe, the disease spread along the course of the river and its tributaries, attacking several of the principal towns. This outbreak is remarkable for the obscurity attending its early history. An outbreak of typhoid fever in the districts of Marylebone, St. George's (Hanover-square), and other localities in west London, in the course of July and August last, and which was traced to the distribution of the infection in the milk of a particular Company, attracted an unusual amount of attention from the social position of the families attacked. It is to be hoped that the interest aroused in the subject will not be evanescent, and that the facts of the outbreak will bear good fruit when sanitary questions again occupy the attention of the Legislature.

The General Medical Council met on the 26th March, and sat for nine days, therein violating the wholesome rule adopted on the motion of Dr. ANDREW WOOD that it should not sit more than six. For the greater part of this time it was occupied with the consideration of schemes for Conjoint Boards. This, indeed, is likely to be the chronic occupation of the Council. The schemes are never complete. Scotland boldly declared against such schemes; and the Scotch

members tried unsuccessfully to pass a motion committing the Council not to go on pressing conjoint schemes, on the ground that there were various difficulties in constructing them and carrying them out, and that a little more supervision of existing Boards was all that is wanted. A scheme for Ireland was sanctioned, which does not include the Queen's University nor the Apothecaries' Society, and the licence of which will cost £30. The scheme showed a high sense of the meaning of medical education, but, perhaps, for the purposes of general practice overshot the mark. It made examination in Greek compulsory, thereby exceeding the requirements of the General Medical Council; and it permitted the student to begin his strictly medical education before passing in all the subjects of his preliminary examination, thereby violating a principal canon laid down by the Council. With qualifications on these points, the Council sanctioned the scheme. The meeting of the Council was very unfruitful of results. The best thing done was the resolution to appoint gentlemen outside the Council to visit, with members of the Council, the Examining Boards. The gentlemen ultimately appointed for this purpose were Dr. ANDREW WHYTE BARCLAY, Dr. JOHN SYER BRISTOWE, Messrs. GEORGE BUSK, TIMOTHY HOLMES, and HENRY POWER. The report of Dr. ACLAND'S committee on the special education of women was adopted, the Council thereby expressing its opinion that in any future Bill for the amendment of the Medical Act a clause should be introduced giving power to the Medical Council to register the qualifications of women acting as midwives, dispensers, and superintendents of medical institutions, in a register distinct from the register of practitioners of medicine and surgery. Only 1600 of the 25,000 copies of the Pharmacopœia remaining, a reprint of the book, with the addition of an appendix containing new preparations, was agreed to. The fatal necessity of regarding the great questions discussed in the Council from nineteen points of view greatly hinders the settlement of great questions. There are not wanting indications of a growing interest in medical education outside the Council which the Council will do well not to disregard. Such questions as those of which Professor HUXLEY has given notice of his intention to raise in February, in the University of Aberdeen, and such expressions of opinion as those contained in a letter to this journal by Dr. LATHAM, of Cambridge, and in an address on certain evils in medical education by Dr. ALEXANDER HARVEY, of Aberdeen, are significant of a feeling that very much yet remains to be done for students in the way of defining medical education, and securing that students shall be taught rather than lectured to.

The work done at the Medical Societies during the last year is exceedingly good; a large number of very valuable papers have been communicated, and have led to interesting and instructive discussions. We may mention the following as among the most important:—Mr. JONATHAN HUTCHINSON'S paper at the Medico-Chirurgical Society on Vaccination Syphilis, giving an account of two series of cases which had lately come under his notice, a sequel to his former paper, brought before the Society in the year 1871. A paper by the same author, at the same Society, on a successful case of Abdominal Section for Intussusception in a child. The author recommends the operation to be undertaken in those cases where the invagination has persisted for some time, and where the intestine is only incarcerated, and after other modes—inflation, injections, &c.—have been tried and have failed. The treatment of Abdominal Aneurism has been on two occasions discussed at the Medico-Chirurgical Society; the first time through a paper by Dr. GREENHOW, which gave an account of a case successfully treated by proximal pressure of the aorta. This was the third successful case reported in this country. On the second occasion a paper by Mr. JOLLIFFE TUFNELL, on three cases of Aneurism, two of the abdominal aorta, and one of the popliteal artery, successfully treated by rest and diet alone, was read. Dr. DICKINSON'S paper, before the same Society, "On Disseminated Suppuration of the Kidney secondary to certain conditions of Urinary Disturbance," showed that this form of renal suppuration, which might be called "uriseptic," was due to ammoniacal and putrid urine, the poison of which is conveyed by the veins into the substance of the kidney, and so the whole system is infected. Dr. BURDON-SANDERSON'S paper "On the Infective Product of Inflammation," communicated to the Medico-Chirurgical Society, gives the result of researches made for the purpose of elucidating the pathology of secondary inflammation, and is divided into three parts; the first treats of the nature of the process of inflammation, and the second and third give a summary of the experimental results. An important discussion at the Pathological Society on the Anatomical Relation of Pulmonary Phthisis to Tubercle was introduced by Dr. WILSON FOX, and continued through three meetings of the Society by other speakers who had worked at the same subject. The discussion at the Obstetrical Society on the Treatment of Post-partum Hæmorrhage by the Intra-uterine Injection of the Perchloride of Iron was full of interest, and bore witness to the great usefulness of the remedy in such cases. The subject of Gastrotomy in Extra-uterine Fœtation was discussed both at the Medico-Chirurgical and the Obstetrical Societies, cases being reported by Mr. LAWSON TAIT at the former, and by Mr. WILLIAM JORDAN and Mr. SCOTT at the latter; the good result from leaving the placenta in such cases was proved. At the Medical Society Mr. HENRY SMITH read a paper "On the Treatment of Hæmorrhoids and Prolapsus of the Rectum by the Clamp and Cautery"; and Dr. RICHARDSON read a paper "On the Stricture of the Œsophagus and its Treatment," &c. The Clinical Society, on the whole, maintained its reputation for good histories of cases with some respect to the treatment of them. At the Harveian Society Dr. BALLARD brought forward the subject of the Signs of Congenital Syphilis, and Dr. MEADOWS made some important observations on Pelvic Hæmatocele.

The British Medical Association had a very successful meeting in London. The presence of distinguished foreign guests—conspicuously VIRCHOW, LANGENBECK, BARDELEBEN, RINDFLEISCH, OSCAR LIEBREICH, NOEL GUENEAU DE MUSSY, DIEULAFOY,—the hospitality of the then Lord Mayor, Sir SYDNEY WATERLOW, and the presence of the Premier at the festive board of the Association, all contributed to make this meeting stand out in the annals of the Association.

It was presided over by Sir WILLIAM FERGUSSON. The Addresses of Dr. PARKES in Medicine, Dr. BURDON-SANDERSON in Physiology, and Mr. WOOD in Surgery were of great interest, and the work of the sections was unusually good.

The meeting of the British Association was distinguished this year by the addresses in the department of Anatomy and Physiology. That of Professor FERRIER in particular is likely to mark an era in the physiology of the brain. But we have referred more particularly to this subject in a previous part of this article. Our French neighbours have now their Association for the Advancement of Science, the second session of which was opened on the 21st of August, in the large public hall of the Hotel de Ville, Lyons. M. QUATREFAGES presided. Among other communications was one by Dr. BLANC, on the Transmission of Cholera through Water.

The year that is past has been full of events for the Army. Changes and reconstructions of all kinds followed in the wake of the great reform—the abolition of purchase; and it was evident that the Medical Service, in this general sifting and readjustment, had not been left out of consideration. To the readers of THE LANCET it is an old tale to be told that we had long advocated its reorganisation, in accordance with the plain and simple principle of unification, and we believed, as we still believe, that such a reorganisation could have been effected with manifest advantage to the service and the State, and without sacrificing or injuring the existing interests of individual officers. The promise which Mr. CARDWELL'S speech held out was soon dispelled on the appearance of the new Warrant, which was probably the best-abused document that even this Ministry has produced. We hold that Mr. CARDWELL missed a great opportunity; and that, instead of the well-considered and statesmanlike document which might have been framed, the Warrant represented the mangled remains of what was originally a good and sound scheme, besides being overlaid by conditions and clauses that were neither the one nor the other. All that Mr. CARDWELL has since yielded has only been in the direction which he should have taken from the beginning, as he must by this time have fully realised. We still hold the late concessions to be inadequate; but what is most to be regretted is this—that members of the public services have come to regard Ministerial guarantees and warrants with distrust. The ruling which restricts their allowances to-day may to-morrow be applied to their guaranteed rates of pension. However, spite of Ministers and Warrants, the Medical Service will fight its way to the light, and occupy a higher, because more scientific, position in the army of the future than it has ever done in that of the past. The present year must have given the Service much anxious consideration and hard work, for it has drifted us into a war which has rightly been called "a doctors' and engineers' war." With the political or military aspects of the Ashantee campaign the army doctors have, of course, nothing to do. It is simply their duty to bring their special knowledge and training to the aid of the Government, and we feel bound to say that never have greater foresight and skill been manifested in making the necessary preparations than on this occasion; and the zeal, devotion, and gallantry of medical officers of army and navy alike have already been recognised by those who have been chroniclers of the events of this little but disproportionately dangerous war. If the hospital ship, *Victor Emanuel*, may be taken as an illustration of the activity, care, and skill which our army doctors bring to bear in fulfilling the sanitary and medical requirements of the war generally, the Medical Service deserves success, although it cannot command it.

The Naval Medical Department has followed the example of the sister service in abolishing the title of "assistant-surgeon"; and was fairly successful in attracting a good class of candidates from the medical schools, both in February and August. A letter from Sir DOMINIC CORRIGAN, which appeared in these columns, called attention to the hardship under which certain junior members of the department laboured in being unable to quit the service when desirous of doing so. We gave insertion to numerous letters upon the subject, in order that the matter might be fully ventilated; but we came to the conclusion, which we expressed in a leading article, that the facts had been somewhat exaggerated, and that there was no substantial grievance affecting the whole service, though in a few cases private interests had had to yield to public requirements. It would manifestly be impossible for the Director-General to carry on the duties of his department if every young surgeon were to have the right of retiring when appointed to a sea-going ship because he found, as all must find, that time was required for the acquirement of "sea-legs," and that life on board ship had its drawbacks as well as its pleasures. We observe that quite recently a deputation from the British Medical Association had an interview with Sir ALEXANDER ARMSTRONG upon the subject, and were convinced by him that, with every desire to meet the wishes of young surgeons, it was undesirable that discipline should be so completely relaxed as was demanded by Sir DOMINIC CORRIGAN. The Ashantee war has thrown a very considerable strain upon the department, the members of which have shown themselves, as they always do, ready to serve both on land and sea; and more than one naval medical officer has already earned the encomiums of the General in command for zeal and bravery in face of the enemy.

The initiation of the Public Health Act of 1872 on the principles which have so long governed the administration of the Poor Law in sanitary matters has been carried on unswervingly by Mr. STANSFELD. The duty of advising local sanitary authorities on subjects which at every turn demanded skilled knowledge was entrusted to inspectors who had not even a pretence to such knowledge, and the result was foreseen. The spectacle presented at the present time by the local sanitary organisations which have been effected in pursuance of Mr. STANSFELD'S "policy" will in after-years be regarded rather as a parody of administration than as the reasonable judgment of a responsible minister: districts and salaries of medical officers of health and inspectors of nuisances arranged upon no conceivable principle with reference to the duties to be performed; regulations as to the duties of medical officers of health so devoid of foresight and consistency that the initial requirements have not been provided for; in-

spectors advising upon utterly diverse principles—or rather diversely upon no principle whatever—on similar matters in different districts; sanitary work at a deadlock in many districts, a sham in many others, and in not one of the districts organised under the Public Health Act of 1872 such as it ought to have been and might have been. Even in the comparatively limited sphere of the workhouses and workhouse schools the kind of inspection in sanitary matters which has been deliberately adopted in the much wider sphere of public health has been the source of a constantly recurring series of public scandals. Notwithstanding the exposures of The Lancet Sanitary Commission in 1866 as to the state of workhouses and workhouse schools, and the amendment in certain matters that then followed, the recent prevalence of contagious ophthalmia in Poor-law schools proves that the old fallacious system of sanitary inspection is still followed by the same evil results. Nevertheless, the system of inspection which as to sanitary matters has so signally and invariably failed in workhouses and workhouse schools has now been adopted for public health, where it will equally fail, but with results infinitely more serious, because affecting larger masses of population. Not the least important part of Mr. Stansfeld's "policy," and that which most nearly concerns the profession—to wit, the now obvious intention of doing away with the Medical Department of his Board, and, it may be inferred, with its distinguished head also,—must be held to be virtually accomplished. The first minister who has been honoured by England with the functions of a minister of public health has conceived no higher ideas of his functions than that of subordinating the scientific departments put under his control, and sacrificing their proper utility, to Poor-law routine; and he has not hesitated to exercise to this end the arbitrary powers reposed in him. As if there were not some victories more disgraceful than defeats! Neither the public nor the profession will do that discredit to Mr. Stansfeld's judgment as to call this "policy," but will seek an explanation, more on the surface, in petty internal departmental struggles for power and place, of which Mr. Stansfeld is probably as much a victim as Mr. Simon and his staff. The Legislature did little in public health matters except give promise of good things to come, many of the good things being included in an important Bill laid before the House of Commons by Sir Chas. Adderley.

The 20th section of the Public Health Act is developing an entirely new system of sanitary supervision, in the shape of Port Sanitary Authorities. During the last year the Local Government Board have, by provisional orders, constituted these authorities in London, Liverpool, Southampton, Newcastle, Hull, and, indeed, at nearly all the chief ports in England and Wales. The sanitary surveillance of the Thames, its docks and tributaries, has been handed over to the Corporation of London by a special sub-section of the Act. It comprises a district nearly ninety miles in length, and is, with its heterogeneous arrangement of docks, probably more difficult to supervise than any other port in the kingdom. During the first weeks of the existence of this authority in August last, they were able, acting under the advice of the Medical Department of the Local Government Board, to isolate on board their hospital-ship a large party of Danish emigrants infected with cholera, who were temporarily located in Whitechapel, and thus in all probability saved the metropolis from an epidemic visitation of this disease. The other ports in the kingdom are gradually setting their districts and ships in order. Five floating hospitals are already established severally in the ports of London, Lynn, Lowestoft, Shields (for the Tyne ports), and Dublin; and, as many other places are following their example, it may be hoped that during the ensuing year nearly every maritime town will be furnished with an isolated establishment for the reception of cases of epidemic disease; for it is now generally acknowledged that, inasmuch as our commerce with the world, and specially with the East, is increasing year by year, ships and their human freights must exercise, for good or ill, great influence over the health of our own community, not only in the way of bringing epidemic disease to our shores from abroad, but by propagating infection from port to port. It is satisfactory to know that the exertions of the Marine Department of the Board of Trade continue to be exercised on behalf of our seamen, and that scurvy exhibits a constantly diminishing proportion of cases. Somewhat fewer cases of enteric fever have been entered during the year at the Seamen's Hospital, thus indicating, as it is believed, a better sanitary condition of our coasting vessels.

The Adulteration Act has occasioned much "worrying," as Mr. Disraeli would say, to tradesmen. Although a few personal hardships have been occasioned by prosecutions under it—as in the recent case of a druggist fined £10 for selling, in accordance with the recognised custom of the trade, citro-tartrate of soda for citrate of magnesia,—there is ample proof that such an Act, as we have long maintained, was urgently needed. In one case lately, in Dublin, a dealer in milk was convicted of selling milk with 90 per cent. of water. At first, there was considerable inefficiency in the Act owing to a doubt as to the culpability of a seller of adulterated articles who was not aware of the adulteration. The Court of Queen's Bench decided in the case of Fitzpatrick v. Kelly that it is not required by the Act that a guilty knowledge by the seller should be proved. The one great principle held by the Judges was that articles sold should really be what they profess to be.

The medico-legal cases of the year call for little notice, excepting that of Mary Ann Cotton, who was convicted on the 7th of March at the Durham Assizes of the murder of her stepson by the administration of arsenic, and who laboured under the suspicion of having caused in a similar way the death of nearly twenty persons. Not the least important point in this astounding case was that nearly all the deaths were in the first instance attributed to typhoid fever. They occurred in groups in different places. The case of Bremridge v. Hoare was an action brought by Mr. Bremridge, one of the executors of the will of the late Mrs. Formby, against the Chairman of the Sun Life Insurance Company. Mrs. Formby, whose life was accepted for insurance in 1870, died in March, 1872. The case is fully reported in The Lancet of February 15th, and is worthy of the study of those who have to advise either life offices or those who insure in them. A most gratifying conviction in February was obtained at the Central Criminal

Court of three persons engaged in carrying on Kahn's Museum in Titchborne-street, Haymarket, for the publication of an obscene book entitled "The Philosophy of Marriage." Great credit is due in this case to the Society for the Suppression of Vice for undertaking the prosecution. Afterwards, on an application by the Society, a warrant was granted for the seizure of models which were deemed indecent, disgusting, and demoralising.

As regards the Medical Bibliography of the year that is past, we might extend our remarks to almost any length if we noticed all the good work that has been done. Our progress in the fields of physiological and pathological science has been marked, and our columns of reviews and notices of books have not only kept our readers *au courant*, with the views and observations of writers on these and other subjects of an allied character, but whenever an author has had something new, useful, or plausible to advance, possessing a practical bearing on the treatment of disease or injury, we have striven to make it accessible to the profession. The rapidity with which medical literature grows necessitates that the analysis of books should be short and promptly made. We have not, moreover, forgotten that the Medical, as a learned profession, is interested in general literature and science, and we have not scrupled to introduce as much variety as was consistent with the objects of a journal mainly medical, in the topics discussed in our review columns. Of the work by Dr. J. BELL PETTIGREW on the "Physiology of the Circulation in Plants, in the Lower Animals, and in Man," we gave that extended notice which those masterly lectures demanded. Various works in Physiology, already mentioned; the Microscopical and Physiological Researches of Drs. CUNNINGHAM and LEWIS into the "Nature of the Agents producing Cholera"; and Dr. POINCARÉ's "Leçons sur la Physiologie Normale et Pathologique du Système Nerveux," and other works of an allied character, have also found a place in our review columns. In the new department of State Medicine and Practical Hygiene we have had to welcome another and vastly improved edition of Dr. PARKES's well-known work; Mr. BALDWIN LATHAM's book on "Sanitary Engineering"; the Indian and other Colonial Sanitary and Medical Reports"; LEX and ROTH's instalment of a big work on "Military Hygiene"; besides numerous treatises useful to health officers and practitioners. In Medicine and Surgery the issue of works, continental, English, and American, has been too numerous to mention. Let it suffice that, besides COOPER's Dictionary of Practical Surgery, the "Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques," and other French and German works, we have reviewed Dr. ROBERTS's "Practical Treatise on Urinary and Renal Deposits"; Dr. WILSON FOX's new edition of "Diseases of the Stomach"; the third edition of Dr. DUCHENNE's well-known work, "De l'Electrisation Localisée"; Dr. ROBERT ADAMS's classical monograph "On Chronic Rheumatic Arthritis"; BILLROTH's "Surgery"; Dr. BRACKLEY's "Experimental Researches into the Causes of Hay Fever"; GOSSELIN's "Clinique Chirurgicale de l'Hôpital de la Charité"; the two magnificent volumes giving the official "Medical and Surgical History of the American War"; Dr. FAYRER's "Clinical and Pathological Observations in India"; DIEULAFOY's very original treatise on the "Pneumatic Aspiration of Morbid Fluids"; with the works of Dr. TILBURY FOX and others on Diseases of the Skin. In Midwifery and Diseases of the Uterus we have had several excellent treatises during the past year, such as that by Dr. CHAPMAN, Dr. LEISHMAN's "System of Midwifery," and Dr. CHARLES H. CARTER's translation of the Third German Edition of KARL SCHROEDER's manual on the same subject. Works on Chemistry, Botany, Materia Medica and Therapeutics, Natural Philosophy, Physical Geography, and Geology have likewise received brief notices at our hands; and we have endeavoured to indicate our opinion of the merits, and they are considerable, of the numerous works on scientific subjects and the educational series of manuals published by Messrs. LONGMAN, MACMILLAN, BLACKWOOD, and other firms. In Zoology and Natural History several books and publications have been issued during the year, some of which have been mainly owing to the impetus and interest which DARWIN's far-reaching hypotheses have lent to the study of these subjects. Among biographies we have had the memoirs of the late Sir JAMES Y. SIMPSON, the posthumous works of HENRY THOMAS BUCKLE, and the philosophically candid but sad autobiography of JOHN STUART MILL.

The year 1873 will be remarkable in London as the year of the first Hospital Sunday, which fell on June 15th, which will be for ever associated with the brilliant Mayoralty of Sir SYDNEY WATERLOW. Our own satisfaction at the successful initiation of this institution was very great, inasmuch as the idea of such a project originated largely with ourselves, and has always had our warmest support. The sum raised reached £27,589, and so justified our estimate in February that it would considerably exceed £20,000. In Liverpool this year a sum exceeding £20,000 has been raised, and in Birmingham £5200. Coincidently with the extension of this institution in every direction is a growing interest in medical charities and their management. The question of providence in regard to medicine among the working classes continues to command great attention. There is still much division in the profession as to the bearing of provident dispensaries. One of our own commissioners visited the Royal Victoria Dispensary at Northampton, and gave a full account of that successful institution. We have also lately published an account of the Camberwell Provident Dispensary, the first of a short series of reports on particular dispensaries likely to represent the rest. In Manchester and Liverpool meetings of the profession have been held, and much discussion has taken place; but as yet little has been done in these large towns. There has been a marked and not creditable tendency in some quarters to turn this provident dispensary movement to personal purposes by styling what are to all intents and purposes private surgeries provident dispensaries.

Death has struck many cruel blows at our ranks, and representatives of every type of professional activity have been carried to the rear. In Mr. STARTIN England lost her most distinguished dermatologist, who made up for his want of scientific research by practical skill and curative success. The premature decease of Mr. BAKER BROWN, in circumstances of a melancholy kind, aroused the sympathies

of all who could compare the early promise of a singularly able and inventive surgeon with his sudden and self-incurred collapse. Dr. EDWARD LATHAM ORMEROD was removed at the flood-tide of his reputation and prosperity, but not before he had left on Brighton—the scene of his labours—the sign-manual of a most accomplished and upright physician. A popular teacher and a skilled surgeon passed away in RICHARD PARTRIDGE, whose many pupils scattered over the world will long remember his genial prelections and his almost paternal interest in their welfare. With Dr. WILLIAM BRYDON succumbed the solitary survivor of the disastrous reverse at Cabul in 1842; while the charmed life he seemed to possess carried him through the siege of Lucknow and saw him well into a green old age. Connected but partially with medicine, Baron LIEBIG had contributed so much to its scientific basis as to make his hardly premature decease as keenly felt in our profession as in any of the numerous walks of science fertilised by his genius; and scarcely had his spirit fled when he was followed to the grave by one of his favourite and most successful pupils, the well-known secretary to the Royal Institution the friend and biographer of FARADAY, Dr. BENCE JONES. In Dr. DAVID SKAE, of the Royal Edinburgh Asylum, medico-psychology lost a sound and sagacious practitioner, whose many pupils will gratefully and regretfully recall his assiduous teaching and his instructive clinique. The Midland Counties have had to deplore, in the death of Dr. GEORGE FABIAN EVANS, one of the most scholarly and accomplished physicians of the day, learned in all the collateral lore of which CELSUS says, "quamvis non faciat medicum, aptiorem tamen medicinæ reddit." Not in France only, but all over the world, a mighty shadow fell upon our ranks by the loss of NÉLATON, the greatest of contemporary surgeons, whose centripetal diagnosis and mastery of his weapons will not soon be witnessed again in the country of PARÉ and DUPUYTREN. Of Dr. JOHN MURRAY it may be said, "his sun went down while it was yet day"; the regrets of a wide circle of professional friends attesting too plainly the sense of loss which his brief, bright career left behind. Dr. JOHN THURNAM was a typical specimen of what provincial England owes to the sound judgment, refined tastes, and unobtrusive worth of many a "country doctor," whose life is none the less useful that its noiseless tenour is pursued away from the fierce light that beats upon the *beau monde*. In this latter sphere Sir HENRY HOLLAND reigned supreme, and will long be remembered for his combination of a Ulysses-like thirst for seeing the cities and the manners of many peoples, with a genuine taste for scientific thought and æsthetic culture. Ireland has had to lament the loss of her distinguished surgeon Dr. ROBERT WILLIAM SMITH, whose power of exposition, by tongue and pen, will live in his classical treatise on "Fractures and Dislocations" long after it has faded from the memories of his fond disciples. In Dr. GWYNNE HARRIES the Local Government Board could ill spare the ardent and enlightened enthusiast in the service of prophylactic medicine, cut down as he was at his post, amid the regrets of his "companions in arms." As we write, the illustrious AGASSIZ has just been gathered to his scientific fathers, leaving a name to be revered by all nature-worshippers, whether in the Old World of his birth or in the New World of his adoption. London practice and teaching have lost a distinguished and universally beloved representative in Dr. HENRY WILLIAM FULLER; while in THOMAS TURNER Manchester deplores an able surgeon and lecturer of far wider than local reputation. But we must not linger too long in the chamber of death.

"Claudite jam Parcæ nimium reserata sepulchra;
Claudite! plus justo jam domus ista patet."

We must now close our Summary, not without feeling that we have omitted allusion to many things worthy of a place in a medical history of 1873. The year has been a notable one for us; for in October was the fiftieth anniversary of our existence as a journal. This is not the place to descant on our history and uses. These speak for themselves. We have rather to express our gratitude to the profession whose interests we represent, whose labours and discoveries we record, and whose support has never failed us. Fifty years' existence is no mean title to respect. The development of the profession in its ever new relations, and of medical and surgical science and art, make our duties increasingly varied and difficult. But we enter upon another half century of existence with the same determination to be free and to further the interests of the profession at large which characterised the founder of this journal. We regard medical practice, wherever it is honestly and earnestly carried on, as one of the grandest of human occupations—almost, indeed, divine in its character. Whether in courts, or hospitals, or cottages, it matters not, so long as the work is done scientifically and sympathetically. Money is a just recompense of medical labour, and it is certain that we are not fairly sharing in the wealth of a wealthy age and country. But money can never be our chief reward. Our present reward must be the pleasure of relieving suffering and of investigating truth; and the future recompense to which we must look forward to is to hear One say—"I was sick, and ye visited me."

Medical Annotations.

"Ne quid nimis."

THE WAR ON THE GOLD COAST.

THERE has evidently been a considerable amount of sickness among the officers comprising Sir Garnet Wolseley's staff, which, instead of its being too large as many people declared it was, has turned out to be too small. We are not, however, disposed to regard this amount of sickness as a cause for great anxiety. It must be remembered that these officers have been exposed to the effects of the climate to an extent that no one would have expected, and this, too, almost as soon as they had set foot on the coast. We must expect, moreover, as we have always declared, a large amount of ineffectiveness from sickness of a temporarily disabling character. The fevers of the Gold Coast probably all acknowledge one and the same parentage, but the varieties range from the relatively unimportant to the severest bilious remittent type. The milder form of fever resulting from exposure to the sun, or what is called "ardent fever," is very sharp while it lasts; still, although a number of men "fell out" from sunstroke and exhaustion on the march to Abrakrampa, many recovered speedily by rest and simple remedies, and it is believed that all ulti-

mately got well. Sir Garnet's recovery is most satisfactory considering the nature of his attack, but Mr. Charteris appears to have suffered from a still more severe form of fever. His symptoms gave rise to great anxiety, and as he is said to be a great favourite, besides being a very plucky, energetic officer, his attack excited everyone's sympathy, and great interest among the doctors. We are glad to learn on excellent authority that he was, by the latest accounts, better, and that a strong belief was entertained of his ultimate recovery. It is understood that he is to be invalided to this country, and that he will not, on medical grounds, be permitted to return to the Gold Coast. It is a simple act of justice to state that the doctors of the two services have vied with one another in the devotion and attention they have displayed towards the sick; and, speaking generally, the officers of the army and naval medical services have won golden opinions. As might be expected, sickness has been disproportionately frequent among them. Surgeon-Major Jackson, a thoroughly practical and experienced officer, has been very ill, but is recovering, and will be invalided. Surgeon-Major Gore has been slightly wounded for the second time, and one of the party accompanying him from Mansue was killed. Dr. Irwin, of the navy, whose professional zeal and services have been generally recognised, is ill, and is understood to be on his way to this country. Colonel M'Niell's wound is progressing favourably, and he may be congratulated on having just missed being placed on board a steamer for Madeira infected with yellow fever, which reminds us that the local authorities at Cape Coast are fully alive to the extreme importance of guarding against its introduction on shore. We would particularly call our readers' attention to those portions of the official reports from the naval officers which so strongly corroborate the opinion we expressed long ago—viz., that the stations towards the interior, where the country rises, are far healthier and cooler than those on the coast. We consider that the medical authorities exercised a wise discretion in advising that the *Simoom* should be temporarily sent away to St. Helena with her cargo of sick. An ordinary ship cannot long remain stationary and act as a hospital in such a climate without getting "stuffy" and unhealthy. A run to the southward will prove the best of all methods of disinfecting her; as, by encountering the breeze along the line of the trade winds she will get thoroughly ventilated. Considering that no European force has yet landed, that the fighting which has taken place has had to be unexpectedly undertaken, and that all that has occurred has been in advance, as it were, of the regular programme, we think the local authorities on the Gold Coast have managed things uncommonly well so far. The great mistake, as it has turned out, has been the employment of two distinct forces operating apart from one another. There is no doubt that if Sir Garnet's native forces could have been swollen by the addition of the Houssas and some of the other reliable tribes now with Captain Glover, the Major-General might have followed up the retreating Ashantees, and dealt them a heavy blow. Much depends upon Sir Garnet's system being equal to withstand the heat and exposure to be encountered on the march to the Prah, and about this we have some misgiving. Probably the most delicate-looking, and at the same time one of the most energetic, officers on the Coast is Dr. Home, who happily retains his health. His responsibilities are very great, but so are his experience and foresight. Taken altogether, the news from the Gold Coast has, up to the present time, borne out our prognostications. In the future lies the unknown quantity of disease that has to be encountered, but, barring some unforeseen epidemic, our prognosis, to use medical language, is hopeful.

THE INDIAN FAMINE.

THE famine which threatens India is a matter, as affecting human life, of such magnitude as to dwarf everything of the kind with which we have been acquainted nearer home. Nothing serves to indicate the possible extent of the disaster better than what Mr. Eastwick, M.P., recently pointed out. The localities which are stricken by famine comprise that immense block of territory which interposes itself between the Central Provinces of India and Burmah, which is one-fourth larger than France and eight times larger than Ireland, with eleven times its population. We know with what dreadful results, immediate and remote, the Irish famine was attended. Disease broke out on a wholesale scale, and the crowds of Irish emigrants to America and elsewhere carried with them the seeds of fever, perishing themselves on the voyage and infecting the healthy with whom they came in contact. Typhus and relapsing fever are the usual concomitants of famine, but when the enormous extent of territory and the millions of human beings inhabiting it are considered, the possible loss of life is simply appalling. The work of procuring, storing, and distributing the food, and the difficulty of overcoming the well-known religious and caste prejudices of the Hindoos in regard to diet, present obstacles which appear insuperable. The Government of India has, indeed, a tremendous task before it. Happily, however, our Governor-Generals and Indian officials have always proved themselves energetic, hard-headed, and excellent organisers and administrators, and they seem, one and all, fully impressed with the magnitude of the work before them. It would be impossible to discuss the very extensive questions of irrigation and water-transit, but it is clear that our future policy must aim at preventing recurrences of this kind. Meanwhile, granaries and depôts of rice must be established, and every available means of transit, including, of course, that along navigable rivers, by means of flats, as recommended by Dr. A. Burns, must be utilised.

LORD DERBY'S TONIC.

A SPEECH from Lord Derby on any subject of social interest comes to us like a pleasant change of scene and an invigorating breath of air. So fresh, true, and intellectually bracing are his views, so clear and convincing their expression, that no man, however wise, but must be the better for listening to them—no man, however dull, but must feel their wholesome stimulus. At Liverpool, on Friday, he distributed the prizes to the students of the College, and in the course of his remarks laid down some golden maxims as to life and conduct. A perfectly sound physical condition, said he, though apt to be despised by students, is absolutely indispensable to good work. "Take two men exactly alike in bodily and mental aptitudes, and let the one go on carelessly and idly, indulging his appetites, and generally leading a life of what is called pleasure, and let the other train himself by early hours, by temperate habits, and by giving to muscle and brain each their fair share of employment, and at the end of two or three years they will be as wide apart in their capacity for exertion as if they had been born with totally different constitutions." Commenting on the view which we have always enforced, that it is not work, but worry, which kills, he went on to warn those students who thought they had no time for bodily exercise that they would one day have to find time for illness. Morning-work, where it can be matter of choice, is generally better than night-work, and—wise advice to all who lead the over-driven life of big towns—where labour cannot be carried through without artificial support, it becomes a grave question whether that kind of labour should be persisted in at

all. For the young audience he was addressing these are indeed words of wisdom, which, if properly taken to heart and put into practice by youths similarly conditioned throughout the country, must make us very hopeful of the mental and physical stamina of the next generation.

THE MAURITIUS AGAIN.

THIS once healthy and still beautiful island has of late years gained a very unenviable notoriety for its insalubrity. Malarious fever and dysentery raged there a few years ago in a way that was quite unprecedented in modern times, and the mortality was so great that one had to go back to Old Testament history to find a parallel. By the latest accounts the colony was suffering from an epidemic of measles which had proved fatal in a large number of cases. According to the *Overland Commercial Gazette* of the 14th ultimo, this epidemic, like every other that has prevailed in the Mauritius, has been especially severe in Port Louis, the death-rate of that district during twelve days of November having risen to 92 per 1000. Much of the disastrous effect of this new epidemic is, it is alleged, attributable to the apathy and inaction of the Poor-law Commission. The General Board and the Local Board of Health have striven to do all that lies in their power; but their power, it seems, is very limited, as they have no authority over any matters appertaining to the functions of the Poor-law Commission. The frequent occurrence of epidemic diseases in Port Louis, and the persistence with which they maintain a hold on the population when once their presence has been manifested, are sure indications of the unhygienic state of the place. What with the losses entailed by previous fever epidemics, and the diminution of trade, the colonial authorities are, it may be fairly assumed, unable to bear the cost of undertaking any extensive scheme of sanitary engineering; but are there no sanitary defects about Port Louis itself capable of being removed by a small outlay?

A METROPOLITAN HEALTH OFFICER.

IN his first quarterly report, Mr. Liddle, the medical officer of health for Whitechapel, suggests that the functions of the Metropolitan Board of Works should comprehend a sanitary supervision over the whole metropolis, with power to appoint a highly qualified medical officer of health, who, from his position, administrative talent, and scientific attainments, would command the respect of the metropolitan district health officers, and whom they might consult in all cases of doubt or difficulty. As Mr. Liddle is one of the oldest of the district health officers, and withal an influential member of the Association of that body, it is presumed he has reason to believe that such an appointment as he suggests would be agreeable to his colleagues. We are entirely with him in calling for uniformity in the reports of medical officers of health—that is, of course, as regards the plan of their construction,—for we happen to have urged that very point several years ago. And no doubt if one chief medical officer for the whole of London were to be appointed, there would be a better chance of getting uniformity in the district reports, and an annual digest of them all, than there is at present. But supposing no such appointment to be made, is it quite out of the question that any improvement in the district reports is to be looked for? An association of gentlemen interested in medico-psychology volunteered the preparation of a scheme for obtaining statistics of insanity on a uniform plan, and the result is that the reports now issued by the medical superintendents of asylums are to a large extent comparable one with another. The Association of Metropolitan Medical Officers of Health should follow so excellent an example.

THE LONDON HOSPITAL.

WE are glad to notice the commencement of a much-needed reform in the matter of hospital elections. At a special meeting of the House Committee of the London Hospital, held on Tuesday, the 23rd instant, it was moved by Thomas Fowell Barton, Esq., treasurer, seconded by Edmund Hay Currie, Esq., chairman, and resolved:—"That, considering the great increase during the past few years in the number of the Governors of the London Hospital (now amounting to upwards of 2500), and the serious inconvenience and expense to which candidates for hospital appointments are liable in canvassing so large a body, the prospect of such liability having also the effect of materially reducing the number of eligible candidates, the House Committee be instructed, on occasion of any vacancy during the year 1874, to select and recommend from among the candidates one person only for election by the Governors at a General Court, duly summoned in accordance with the bye-laws." This example will no doubt be followed elsewhere, and consequently candidates for hospital appointments will be saved the immense annoyance and expense of a personal canvass of a large and scattered constituency.

A PLAGUE-SPOT OBLITERATED.

PUBLIC morality has seldom achieved a greater triumph than the suppression of the "Kahn Museum." Years and years ago we denounced the thing as a disgrace to the metropolis which consented to its existence and connived at its popularity. In the absence of a public prosecutor, the Society for the Suppression of Vice began its crusade against the foul excrescence, and, with a tardiness which reflects but small credit on the machinery of the law, has at last obtained a verdict destroying the Museum with its obscene paraphernalia. Vice, however, enjoys a tenacious vitality which we fear will be proof against the blow just dealt it, and the Society for its suppression will have to direct its energies towards other channels of moral impurity. In this work the Society deserves the vigorous co-operation of the community, and of no part of it more than the medical, which is so practically cognizant of the close and disastrous connexion between mental pruriency and physical degeneration.

THE GENERAL MEDICAL COUNCIL AND THE IRISH COLLEGE OF SURGEONS.

WE are very happy to announce that Dr. Rawdon Macnamara has been appointed by the Royal College of Surgeons of Ireland to represent it in the General Medical Council. Dr. Macnamara is an ex-President of the College of Surgeons, and surgeon to the Meath Hospital. Moreover, he is Professor of Materia Medica in the College of Surgeons, and the worthy editor of "Neligan's Medicines and their Uses." He is a thoroughly representative man, and will doubtless take useful part in the discussions of the Council, especially on Conjoint Schemes. Dr. Macnamara takes the place of Mr. Hargrave.

WE are sorry to read of a fresh instance of conflicting professional testimony arising out of the requirements of the Adulteration Act. A quantity of tea which had been supplied to the Woolwich guardians for use in the workhouse was, on examination, certified by the district analyst, Mr. Wigner, as adulterated, while a sample of the same tea submitted by the contractor to Dr. Meymott Tidy was warranted by that gentleman as genuine. "After a lengthened discussion, the subject was referred for settlement between Dr. Tidy and Mr. Wigner." Such conflict of opinion is sincerely to be deplored.

THE late Marquis d'Ourche, one of whose friends was buried alive, left a sum of 20,000 francs to the French Academy of Medicine, to be given to the inventor of a simple process of proving that death had really occurred, and a further sum of 5000 francs to be awarded to the discoverer of a scientific method of verifying death. Altogether 102 essays were sent in for adjudication, upon the merits of which Dr. Devergie reports in a French contemporary. Most of the papers contained such absurd suggestions that the list was practically limited to thirty-two competitors. The larger prize was not awarded, but the 5000 francs was divided between four writers. We cannot say that any facts have been elucidated by these investigations likely to enlarge the domain of forensic medicine. Dr. Devergie advocates medical verification of death throughout the country.

DAOUD PACHA, a Doctor of the Paris School of Medicine, and Minister of Public Works in Turkey, has just died at Biarritz, the well-known watering-place in the South of France, whither he had repaired, on leave of absence, for the benefit of his health. He was one of the most talented and well-read men of Turkey. He spoke French with great elegance, and had practised medicine and surgery several years before being called to high political posts.

THE Emperor of Germany has conferred the war medal and diploma upon Mr. A. E. Kynaston, M.R.C.S., of Billingborough, Lincolnshire, in acknowledgment of his services as medical officer in the German army during the late war. His Majesty has also conferred upon Miss Florence Lees, of the Lindens, St. Leonards-on-Sea, the war medal and its diploma for services rendered to the sick and wounded in the war. This is in addition to the cross already received by Miss Florence Lees.

THE Holborn Guardians are doing their best to stamp out ophthalmia in their schools. The dietary table has been altered comformably with the recommendation of Dr. Bridges, and in future every child will have to wash his hands and face three times a day, using on each occasion a clean towel. We anticipate good results from this arrangement, which will make it almost impossible for healthy children to use contaminated towels.

IN a recent report of the Prefect of Versailles it is stated that the mortality of infants in the department of the Seine-et-Oise is as high as 70 per cent. It is painful to contemplate the amount of immorality and crime represented by these statistics, and until the pernicious system of baby-farming, so common in the department, is rigorously repressed, it is useless to hope for any amelioration of the evil.

THE necessity of improving the ventilation and general arrangements of our law courts is a question that cannot be shelved very much longer. Mr. Justice Denman refused a few days ago to sit in the "miserable little hole" which the City authorities had provided for a second Court of Queen's Bench. Knowing the injurious effects of close rooms and vitiated atmosphere, we sympathise with the learned Justice.

IN Edinburgh the Adulteration Act has been put in force against the sellers of "hard ale," or ale containing a large percentage of impurity in the form of acetic acid, and convictions have been obtained.

THE Brighton Town Council have at last decided to appoint a medical officer of health for the borough, at a salary of £200 a year.

MR. HUNT, British Consul at Bordeaux, in a recent report, states that every year's returns show that the taste for red Bordeaux wine is extending among the middle classes in England at a greater rate even than in other countries where the wine has long been the ordinary table beverage. The wines of 1869 are of inferior quality, but those of 1870 are very fine.

THE *Army and Navy Gazette* says that the Lords of the Admiralty have decided upon granting double pay to all medical officers belonging to the Royal Navy while attached to the forces under Sir Garnet Wolseley, and it is probable that the same rule will be applied to the executive officers placed under similar circumstances.

AT the last meeting of the Royal Botanic Society it was stated that several specimens of the Eucalyptus globulus were now growing in the new greenhouse of medicinal plants in the Society's garden in the Regent's-park, one being fifteen feet in height. Experiments are being made to test the hardiness of the plant in the open air.

The Times correspondent on the Gold Coast reports that yellow fever of a very virulent type has broken out at Bonny, and that all the steamers which lately called there caught the infection. The fever caused fourteen deaths on board the *Ambris* before she reached Sierra Leone. A strict quarantine has now been established along the coast.

THE Corporation of London, as the sanitary authority of the port under the Public Health Act, are taking steps to provide efficient means of locomotion for their medical officer, and have authorised the Sanitary Committee to hire a steam launch as a temporary expedient, until the requirements of the work to be done are exactly ascertained.

A CASE of considerable interest to public vaccinators came before the Lanchester Petty Sessions last week. A local surgeon summoned a man for refusing to let him take vaccine matter from his child, and was successful in asserting his rights, the magistrates imposing a small fine on the father. This decision cannot be too widely made known.

IT has been decided that the pavement in the streets adjoining the London Hospital, respecting which we commented a few weeks back, shall be of wood. Is it not time for the authorities of other hospitals abutting on the streets to agitate for a similar protection to their patients?

AT a meeting of the committee of subscribers for a memorial of the late Sir J. Y. Simpson, held on Friday last, it was unanimously resolved to commission Mr. William Brodie, R.S.A., to execute a statue in bronze, to be erected on some suitable site in Edinburgh.

WE hear that Sir William Muir, K.C.B., has gone to Liverpool to make arrangements for the temporary accommodation of those invalids from the Gold Coast who may be fit to continue their journey on arrival in this country.

AUSTRALIA has set an example to the old European countries. In our huge colony it has been decided to attach swimming baths to all the State schools, so that swimming may be taught as an essential part of education.

THE tea-dealers and grocers of Newcastle and Gateshead are agitating for an amendment of the Adulteration Act, and have memorialised Mr. Gladstone on the subject.

THE Committee of the Royal Orthopædic Hospital, Oxford-street, have received a third donation of £1000 from "D.W."

DISEASE IN IRELAND.

WHATEVER may be the real or imaginary political grievances of Ireland, it cannot be denied that in one respect she enjoys an advantage which the sister kingdoms do not, at least in a corresponding degree. The statistics illustrative of her social condition are conceived and executed upon a plan yielding an amount of information of the most interesting character, such as ought unquestionably to be available for the whole of the United Kingdom, but which hitherto has been a specialty of her own. A decennial census is taken simultaneously of the population of England, Scotland, and Ireland; but the Irish census covers far more important ground than the others, as is plain from an official document now before us, by which we find that the Irish Census Commissioners take advantage of the opportunity of numbering the people to get together facts showing to what extent disease is prevalent among the whole population at a given time. Forming part of the bulky volumes comprehended in the Irish Census Returns of 1871 is a folio of some 200 pages, entitled "Report and Tables relating to the Status of Disease," which has just been issued, and which contains an amount of information relative to the distribution of disease in Ireland that puts to shame those who are responsible for the neglect to procure similar statistics in England.

A large part of this report is taken up with an exposition of the facts revealed by the census touching the numbers of the blind, the deaf and dumb, the insane, and the inmates of public institutions. These are all matters of importance from a medical point of view; but, inasmuch as they do not form a special feature in the Irish, as distinguished from the English and Scotch Census Reports, we pass them by for the present.

One has heard so much in England of the difficulties in the way of obtaining returns of sickness as to make it seem almost incredible that the Irish census authorities can positively tell us how many of the five or six million persons in Ireland were suffering from diseases of all kinds in 1851, in 1861, and in 1871. Institutions of course present no difficulty in respect of getting such information, and as regards private families the method of procedure was as simple as it appears to have been efficacious. The census enumerators, when going their rounds on 3rd April, 1871, collecting the ordinary schedules, were directed to inquire at each house if any person resident therein laboured under any sort of sickness or disability, either of a temporary or a permanent nature; and where such cases were found the head of the family was required to fill up a form setting forth the nature of the sickness or disability, its duration, and whether the person affected was then able or unable to follow his or her usual occupation. To remove any objections to supply the required information which might be entertained, the following appeal to heads of families and others was printed on the form:—

"The great importance to medical and statistical science of the information required by the questions asked in this form will, it is hoped, induce the heads of families to afford the enumerators every facility in the execution of their duty, by either filling up the return themselves, or giving correct information to enable the enumerators to do so.

"The alleviation of human suffering arising from bodily infirmity is a work in which every member of the community should naturally feel an interest, and one important step in this direction is to ascertain the extent and character of the evils to be contended with; it is confidently hoped that towards these most desirable objects this return will materially assist. The medical attendants on the sick are earnestly requested to aid the heads of families and the enumerators in filling up this table by supplying the proper names of the diseases.

"These returns will be considered as strictly confidential, and will be used solely in compiling general statistical tables, in which numbers and classes only shall appear."

It can hardly be doubted that any return of sickness so obtained would be to some extent an under-statement, as a proportion of persons would almost certainly seek to conceal their ailments, at any rate from a stranger. The Irish Census Commissioners, however, appear to be quite satisfied with the way in which their inquiries have been responded to, and we may therefore pass at once to the results obtained. These will be most tersely and clearly exhibited in the following tabular statement, which brings into comparison the returns of the number of persons labouring under temporary or permanent diseases at three successive censuses, by showing the relative prevalence of the specific diseases or classes of disease among an equal number of persons living at the three periods:—

TABLE *showing the relative prevalence of certain Diseases and Classes of Disease among an equal number of persons living at each of the three Censuses of* 1851, 1861, *and* 1871.

DISEASES.	Number in every 100,000 of the Population.		
	1851.	1861.	1871.
Small-pox	13·6	2·0	2·3
Measles	15·8	22·5	5·1
Scarlatina	4·9	4·5	8·8
Dysentery	102·5	8·2	1·9
Diarrhœa	45·9	11·3	6·7
Influenza	54·0	40·1	3·7
Fever	210·3	40·5	38·3
Ophthalmia	59·3	22·5	11·1
Other Zymotic Diseases	27·8	17·3	19·6
Total Zymotic Diseases	534·1	169·3	97·5
Diseases of Brain and Nervous System	374·3	499·0	575·8
Dis. of Organs of Circulation	8·1	15·9	18·8
" Respiratory Organs	100·4	157·7	172·0
" Digestive Organs	68·8	64·9	46·8
" Urinary Organs	4·4	7·0	7·4
" Generative Organs	10·6	13·8	13·6
" Locomotive Organs	134·6	148·4	122·2
" Tegumentary System	109·4	48·4	30·1
" Uncertain Seat	158·6	152·9	139·5
Accidental causes	18·7	21·1	25·1
Diseases not specified	12·7	12·0	7·4·9
General total	1595	1311	1324

On the 30th March, 1851, there were in Ireland 104,495 persons, or 1 in every 63 of the population, labouring under temporary or permanent disease or disability; on the 7th April, 1861, the corresponding number was 76,008, or 1 in every 76 of the population; and on the 2nd April, 1871, the sick or disabled amounted to 71,612, being in the same proportion to the population as in 1861—namely, 1 in 76. Of the 71,612 cases in 1871, more than half were found in the houses of the people, the number so returned being 39,754, as against 12,080 in infirmaries, hospitals, asylums, gaols, and 19,778 in workhouses. As regards the sick or disabled not within any of the institutions just referred to, we note that there were 16,461 persons who were either deaf and dumb, blind, insane, imbecile, epileptic, or lame; excluding these, we have a total of 23,923 persons living at home who on the census day were suffering from some ailment or other, of whom it appears that 23,184 were thereby debarred from following their usual occupations.

Taking all kinds of sickness, it is apparent that, excluding 1851, when famine and pestilence were desolating Ireland, there is a slight increase in 1871 over 1861; but as regards diseases of the zymotic class, there is a remarkable decline, fully warranting the congratulatory paragraph on the generally improved sanitary condition of the country, and especially on its freedom from epidemic diseases, which

closes the Report. Space has precluded us from going beyond the mere outlines of this highly interesting Report, but we shall hope to recur to some of its more striking details at an early date.

Correspondence.

"Audi alteram partem."

TREATMENT OF EXTERNAL ANEURISM.

To the Editor of THE LANCET.

SIR,—Will you permit me to correct two lines in your report of the meeting of the Medico-Chirurgical Society on the 9th inst.? I am therein stated to have said that "it was not necessary to resort to any means whatever to cure external aneurism: that I cured it in twelve days by low diet."

The impossibility of any surgeon making such a statement must be evident to your readers; but still I think it better to draw attention to the fact, as it might be quoted elsewhere. I have never seen but the one case of external aneurism—viz., that which I then brought forward—cured by position alone, but I believe that *in similar instances*, where the aneurism is small and entire, and the heart's action feeble, consolidation may take place as readily as in that instance. I never tried the effect in any case before, though I have met with some where I believe cure would have equally ensued.

In reference to the word "starvation," it is quite out of place wherever used. The diet is simply to be suited to each particular case, generally "restricted in quantity, but nutritious in quality."

Before concluding, I may make one observation in reference to the "*Dublin method* of treating aneurism." We have no such thing. The surgeons of Dublin treat each separate case as it occurs, by ligature, compression, or otherwise, just as the case requires, but, as a *general rule*, by compression.

I am, Sir, your obedient servant,

JOLLIFFE TUFNELL,
Vice-President, Royal College of Surgeons in Ireland.

December, 1873.

"A GRATUITOUS MEDICAL OFFICER OF HEALTH."

To the Editor of THE LANCET.

SIR,—My attention has been directed to an article that appeared in your journal last week, in which you do me a great injustice. Your remarks have been copied into a local paper, and, as they are calculated to injure me in the good opinion of my professional brethren, both locally and generally, I must ask you to give as much prominence to my explanation as you have already given to your condemnation of my (supposed) unprofessional conduct.

You state that "Dr. Reid, a member of the Town Council of Pembroke, to save the ratepayers, has actually offered to give his services gratuitously" as medical officer of health for the borough. This I most positively deny. On the contrary, I have, since my election in November, 1872 (not "last November," as you state), repeatedly urged the Town Council to comply with the Act of Parliament, and appoint the necessary officers at sufficient salaries. Where you obtained the information upon which your remarks are based I do not know (nor is it material), but I will give you a brief account of the discussion, so far as I was personally engaged in it, and leave you to judge whether I have acted "unprofessionally" or not.

It happened that I entered the Council-room very late, when the subject of the appointment of a medical officer had been under discussion for a considerable time. As I entered, one of the members of the Council was referring to the circumstance that there were two medical men in the corporation who, he said, had sought to be returned by the ratepayers, and he thought it was the duty of these gentlemen to serve the ratepayers for nothing. I immediately got up and—I give you my exact words as transcribed from a shorthand writer's notes:—"Dr. Reid said—Mr. Mayor, I have come in rather late, but heard the latter part of what Mr. Dawkins said. I am on the Sanitary Board for Pembroke, and shall be happy to give any assistance, but I am rather at a loss, as I have not heard all the discussion. I may say, however, that you will have to appoint a medical officer sooner or later." At a subsequent period of the meeting the following resolution was put and carried by a large majority:—

"That Mr. Lanning (the clerk) be requested to reply to the Local Government Board's letter of the 24th inst., stating that at their annual meeting on the 9th November last the sanitary committees were appointed for the year, on which committees there are two medical gentlemen acting; and also that at the same annual meeting two inspectors of nuisances were appointed for the year. They therefore hope that these appointments will be allowed to continue for the current year, when the Council will proceed to the election of the necessary sanitary officers."

I again rose and protested against the resolution as an evasion of the Act of Parliament, and stated that I would not act as a substitute for a medical officer of health, but that when any subject connected with the health of the borough came before the Council, I should be happy to give them the benefit of my professional opinion. At the same time, I cautioned the Council that if they did not make the appointment, the Local Government Board would send down a sealed order for them to do so, as had already been done in the case of the port sanitary appointments. I enforced my remarks by telling the Council that they might as well ask a printer, who happened to be a member, to do all the corporation printing for nothing, or a publican, another member, to supply the Council with liquor, as to expect me to undertake the duties they wished to thrust upon me. I could give you a verbatim report of what I said, but I fear it would be encroaching too much upon your space. I trust I have said enough to satisfy you and your readers that I have not deserved the strong reproof that you have thought proper (doubtless through a deficient knowledge of the facts of the case) to inflict upon me. I entertain a very strong feeling that public bodies should set an example to private individuals in obeying the laws of the land, and I would be the last person in the world to support or encourage, much less originate, such a subterfuge as that which you attribute to me. As to "saving the ratepayers," I am sure that the more fully the Public Health Act is put into operation, the less sickness there will be, and consequently the less pauperism, and, as a natural sequence, diminished poor-rates.

Hoping, as an act of simple justice, you will insert this letter in your next issue,

I am, Sir, your obedient servant,

DOUGLAS A. REID, M.D.

Melville House, Pembroke, Dec. 20th, 1873.

PROFESSIONAL REMUNERATION AT PLYMOUTH.

To the Editor of THE LANCET.

SIR,—I brought two charges against the Plymouth physicians: one, that in consultation with the general practitioners they paid two visits for one guinea; the other, that when attending a patient alone, they paid three, four, and even five visits for a guinea. To both charges "guilty" is pleaded, the plea being somewhat oddly accompanied with the most emphatic denial of the truth of my statements. This denial rests upon the fact stated by Dr. Clay and Dr. Prance, that they never pay more than three visits for the guinea. We are thankful for small mercies, and for this one among the rest; but I don't think we shall be convinced that *seven shillings* a visit is a very dignified charge for a consulting physician. I accept with pleasure the disclaimers as to the fourth and fifth visit made by these gentlemen, but it is curious that Mr. Cutcliffe, who has had a longer experience of this matter than I have, should have so strongly endorsed my statement, "from his own personal experience." It is also curious to find the wonderful unanimity of opinion which exists amongst the general practitioners here as to the numerous visits which physicians pay their patients for a guinea.

I decline to introduce the personal element into this discussion, and must therefore content myself with general statements. As to appealing to the local Medical Societies, that is a step to which I have not the least personal objection, but if Dr. Prance had read his LANCET he would have perceived that my letter was only a small contribution to the discussion which has been from time to time opened in your columns as to the best means of raising professional charges throughout the country. Here we are paying twice as much as was paid fifty years ago for many articles of necessity, and our professional charges are the same, or even less than they were then.

The fault lies with the leaders of the profession both in town and country, and until they amend their ways there is little chance of improvement.

I am, Sir, yours faithfully,

Devonport, Dec. 20th, 1873. W. P. SWAIN, F.R.C.S.

Obituary.

HENRY W. FULLER, M.D., F.R.C.P.,

PHYSICIAN TO ST. GEORGE'S HOSPITAL.

DR. FULLER died on Thursday, Dec. 18th, 1873, after a short illness. He was the son of Mr. Fuller, the well-known and highly respected apothecary in Piccadilly, whose father had practised before him in the same house, now occupied by Mr. Fuller, the brother of the subject of the present memoir. Dr. Henry Fuller was born in 1820, and was educated at Rugby under Dr. Arnold; in 1838 he entered at Caius College, Cambridge, where he became Tancred Scholar. Simultaneously with his entry at Cambridge Dr. Fuller became a student at St. George's Hospital (of which his father and grandfather had been visiting apothecaries), and in 1843 he took the degree of M.B. In 1847 he joined the College of Physicians, and in 1848 became assistant-physician to St. George's Hospital. He became M.D. in 1851, and F.R.C.P. in 1852, and in 1857 succeeded Dr. Nairne as physician to St. George's, of which hospital he was senior physician at the time of his death.

Dr. Fuller published in 1852 a work "On Rheumatism, Rheumatic Gout, and Sciatica," which reached a third edition; in 1862 a work "On Diseases of the Chest," and in 1863 one "On Diseases of the Heart and Great Vessels," and these works were systematically advertised in such a way as to call for notice in these columns a year or two ago. Dr. Fuller was successful in attracting a large *clientèle*, and was much esteemed by the medical attendants of the middle classes of society, but cannot be said to have ever occupied a leading position in London. He was a sound and careful, if not brilliant, practitioner, and had great faith in drugs, which he ordered in large quantities and in peculiar combinations. Amiable and well-meaning in his disposition, Dr. Fuller will be regretted by numerous friends as well as by the large family which he leaves.

THOMAS TURNER, F.R.C.S.,

MANCHESTER.

THIS eminent provincial surgeon died on the 17th December, in his eighty-first year. Born at Truro, he began the study of medicine at Bristol at an early age, and subsequently was a pupil of Sir Astley Cooper, and for two years continued his studies in Paris. Mr. Turner became a member of the College of Surgeons in 1816, and immediately afterwards became surgeon to the Manchester Workhouse, which office he resigned after three years to commence practice in Manchester, where he spent the remainder of his long and useful life. In 1822 Mr. Turner began lecturing on anatomy and physiology, and in 1824 he succeeded in starting a complete medical school with the co-operation of the chemist Dalton, Mr. Kinder Wood, Mr. Ransome, and Mr. (now Sir James) Bardsley. This was the first provincial medical school recognised by the licensing boards, though courses of lectures had previously been recognised in Manchester, in the school of anatomy founded by the late Mr. Jordan, and elsewhere. Mr. Turner soon took the greatest interest in the welfare of the school, in which he lectured for upwards of thirty years, and he lived to see it affiliated with Owens College, and about to enter upon a new and wider sphere of usefulness. In 1831 Mr. Turner was selected surgeon to the Manchester Royal Infirmary, and held office for twenty-five years, when he became consulting surgeon. He was elected a Fellow of the College of Surgeons in 1843, and was elected into the Council in 1865, being the second provincial surgeon so elected. He held office until last July, when he declined to be nominated for re-election.

Mr. Turner was an able surgeon, and soon gained a large practice both in Manchester and in consultation throughout the surrounding country. This did not, however, prevent his keeping up with the progress of science, and in 1843 he was appointed professor of physiology to the Royal Institution of Manchester, where he delivered annually a course of lectures, holding the appointment to the last. He also originated the Manchester and Salford Sanitary Association, and was chief promoter of the Infant Deaf and Dumb Schools, of which he laid the foundation-stone in 1859. In fact, Mr. Turner occupied a very prominent position in Manchester, and his loss will be deeply felt by all classes of society.

Mr. Turner was a Fellow of the Royal Medical and Chirurgical Society, but did not contribute to its "Transactions." He was also a Fellow of the Linnæan and Harveian Societies. He was the author of "Outlines of Medico-Chirurgical Science," "Observations on Aneurism and Hæmorrhage," "Provincial Medical Education," a "Treatise on Dislocations of the Astragalus and Injuries of the Foot," and a "Retrospect of Anatomy and Physiology."

LOUIS AGASSIZ.

THE most versatile of living naturalists is no more. Louis Agassiz died in New York on the 14th inst., in his sixty-seventh year. He was a Swiss, having been born at Orbe, in the Canton de Vaud, where his father was a Protestant pastor. Educated at Biel and Lausanne, he completed his studies, with a view to the medical profession, at Zurich, Heidelberg, and Munich. Natural history, however, was his favourite pursuit, and comparative anatomy his specialty. At Munich he attached himself to Spix and Martius, interested by their travels in Brazil, and, on the death of the former, he co-operated with Martius in a monograph on the fishes of that country, comprising 120 species, many of them being little known. Prosecuting the inquiries thus inaugurated, he investigated and classified the salmonidæ and fresh-water fishes of Europe, publishing the first part of a great treatise on this subject at Neufchâtel in 1839, which was followed, at a few years' interval, by the second and third parts. The embryology of the salmonidæ formed the subject of his next work, which he brought out with the aid of Carl Vogt.

Earlier than any of these monographs he had investigated the subject of fossil fishes, and published the result in his "Recherches sur les Poissons fossils" (Neufchâtel, 1833-41). He visited England to study the fossil strata, and in 1844 published an account of the treasures found in the old red sandstone of the Devonian system. Similar studies were embodied in his treatises "Description des Echinodermes fossiles de la Suisse," "Monographie des Echinodermes vivants et fossiles," "Etudes Critiques sur les Mollusques Fossiles," and "Mémoire sur les Moules des Mollusques."

His next field was the glacial system of his native land. His "Études sur les Glaciers," published in 1840 at Neufchâtel, took the scientific world by surprise, which rose into admiration on the appearance of his second work on the same theme at Paris in 1847.

In that year he left Neufchâtel, where he had held the Natural History chair since 1838, for Boston, U.S., whither he had been invited to hold a similar chair in the University of Cambridge. In 1853 he went to Charleston, in South Carolina, in whose Medical College he filled the chair of Comparative Anatomy for two years, after which he resigned the post, and returned to Cambridge. His name and fame in the Old World stood as high as in the New, and after being awarded a prize by the French Academy of Sciences, he was invited to Paris to fill the chair of the Faculty of Science. Like all original investiga-

tors, he was the best *rédacteur* of his own subjects for students; and his "Principles of Zoology for the Use of Schools and Colleges," his "Lake Superior, its Physical Character, Vegetation, and Animals," and his "Outlines of Comparative Physiology," are models of exposition at once popular and scientific. His chief work—the pride of his heart and the basis of his renown—is the "Natural History of the United States," a masterpiece, in which, as in other more systematic treatises, he everywhere shows his adhesion to what has since been called the evolution theory of organised life on the planet. Indefatigable in original research, he enriched his favourite subject with such welcome contributions as his "Nomenclator Zoologicus," presenting the systematic names of all the genera of animals, whether living or fossil, with references to the books and the authors describing them. In conjunction with the late Mr. H. E. Strickland and Sir William Jardine, he founded the "Bibliographia Zoologiæ et Geologiæ" in four volumes for the Ray Society—a work which contains a full list of all his writings down to the date of its publication. His latest undertaking was the establishment, on the 8th of August last, of the Natural History College on Penikese Island, an institution in which students of both sexes receive instruction in the objects of nature without the aid of books or systematic lectures.

Childlike in disposition and devout in his worship of Nature, he has passed away into the silent land to join his predecessors and peers in the great work of interpreting the "manuscripts of God." He will rank with the Cuviers, Humboldts, and Goodsirs, for his mighty services to the science of Nature, while his fame will endure on a basis which has the Two Worlds for its foundation.

JAMES McTERNAN, R.N.,

DEPUTY INSPECTOR-GENERAL.

At his residence, Blackheath, Kent, on the 26th November last, died James McTernan, in the eighty-third year of his age. A native of the county Sligo, Ireland, and a student of Trinity College, Dublin, he acquired a more than ordinary acquaintance with classical literature, which he cultivated with great ardour and enjoyment throughout his lengthened life, acquiring from it, and which he never failed to utilise, great facilities of illustration in his conversation, which—a not uncommon characteristic of natives of the Emerald Isle—never failed in attractiveness, point, and wit. Previous to entering the medical service of the Royal Navy, which he did at the early age of seventeen, he spent about twelve months in Paris; after which he obtained the post of surgeon's mate, an appointment long since superseded. In speaking of this event, he used to say that his Latinity had enabled him to thin out the plain facts of his age, and thus, without actual untruth, enabled him to obtain a commission long before the usual time. He thus saw actual warfare, and had to sustain responsibility, when his years were slender. He had, however, the mental and character-age, and was much esteemed by his superiors. In 1812, when he was but twenty-one years old, he served in the *Northumberland*, a 74-gun ship, commanded by the Hon. Henry Hotham, on the coast of France, which, after much gallantry and repeated chasing, captured and destroyed two French frigates; the young surgeon, for his share of the work done, being awarded a medal. In 1813, he was appointed to the *Dragon*, commanded by Sir Robert Barry, which took part in the many distinguished engagements in Chesapeake Bay during the great American War. After peace was proclaimed he joined the squadron which guarded St. Helena during the residence of the first Napoleon, and was present at the death of that distinguished but unfortunate monarch in 1821. Subsequently to this period he was engaged at the various home stations, and finally passed eleven years at the Greenwich Hospital. His seniority is dated July 25th, 1855, when he became Deputy Inspector-General. On retiring on half-pay he took up his residence at Blackheath, enjoying the society of a large circle of friends, and, with one painful exception, the death of his only child, a son, in the Royal Artillery, who was married and leaves a daughter, passed a green old age, cheered by the tenderness and never-failing affection of a loving wife, who still survives him, and in the midst of friends who valued him for his genuineness and unsophisticated simplicity. Sir Alexander Nisbet, who served with him throughout his long life, and to whom he was deeply attached, Fred. Cleeve, G.C.B., and Sir Geo. Biddlecombe, were unfailing in their attentions to him in his declining days; and his medical attendant, Dr. Carr, rendered all the help in his power as he passed away, leaving a blank and the sweet memory of a friend gone to rest. His remains were interred in the Roman Catholic cemetery, Brockley-lane, Lewisham, on Monday, December 1st.

ROBERT LAMB, L.R.C.P. LOND., M.R.C.S. ENG., L.S.A.

We deeply regret the death of Mr. Robert Lamb, L.R.C.P. Lond., &c. &c., of Richmond-road, Barnsbury, at the age of thirty-eight years, in the midst of his life, and of a large and extending practice. Mr. Lamb entered the profession by apprenticeship to the late Mr. Pearse, of Tavistock-square, and subsequently by study, in 1853, at University College. Here he held the post of clinical clerk to Drs. Jenner and Garrod, and took the Fellowes gold medal. Subsequently he was acting medical officer at the London Fever Hospital and the Children's Hospital, Great Ormond-street. These antecedents were fine preparations for successful practice. He settled in practice in Islington in 1861 as district medical officer, and went steadily on from one degree of practice to another till his work became excessive and exhausting to a serious extent. He was overtaken with feelings of nervous and general exhaustion, which ended three or four weeks before his death in an attack of rheumatic fever with great sleeplessness. In the end he sank very rapidly. He leaves a widow and two children, but their grief is shared by the profession of Islington and by the large number of persons to whom he was known by his kind and urbane manners, intelligence as a practitioner, and high religous character. Mr. Lamb's life and death have each a lesson. His life teaches the sure success of real work, whether as an apprentice to a good practitioner or for purposes of prize-taking. And may we not use this unwelcome death as a teacher that men should better gauge their work, doing what they can, and taking reasonable measures to evade impossible amounts of labour? Yet, after all, there is no more honourable death than death in the midst of useful work.

THOMAS H. WHITAKER, M.R.C.S., L.S.A.

At his residence, Kirkby-Lonsdale, on November 14th, after a short illness of two days, Thomas Harper Whitaker, Esq., J.P., died at the age of sixty-one years. Mr. Whitaker for upwards of thirty years was engaged in active professional duty, and no man was more deservedly respected and beloved in the large circle where his sterling good sense, his cheery countenance, and kindly manner made him always welcome as friend and physician. Valued for his medical skill and thoroughly unselfish nature, he was almost a part of every family where his long career had won him high esteem, and his name was familiar as a household word. His almost sudden removal in the fulness of bodily and mental vigour is to all who knew him a deep sorrow, to many an irreparable loss. The funeral was attended by the whole town, every shop was closed, the Volunteer Corps, of which he was a member, preceded the coffin, and in the long train of mourners were members of every family, both gentry and clergy, from the wide district over which his professional practice extended. Wreaths of exquisite white flowers were placed on the coffin by the Earl of Bective and the Marquis of Headfort, and the grand office for the burial of the dead closed amidst tears of sorrow from many of those who stood around the grave. A few months since Mr. Whitaker was appointed a magistrate for the County of Westmorland, and qualified at the last Quarter Sessions at Kendal only a few weeks ago.

WILLIAM DALTON, M.R.C.P.L., F.R.C.S. ENG.

Mr. Dalton died at Bournemouth, on Nov. 12th, 1873, aged seventy years. He received his medical education at St. Thomas's Hospital, of which school he was a distinguished student. For some time he practised very successfully at Winchcombe, in Gloucestershire, but afterwards he removed to Cheltenham, where he soon gained a

very extensive practice, and was appointed surgeon to Cheltenham College, and surgeon to the Dispensary for Diseases of Women and Children. His health giving way, he entered into partnership with Dr. M. Rooke, but in a few years he was compelled to relinquish work altogether, and ultimately he settled at Bournemouth, where, after a very lingering illness, he gradually sank.

He wrote numerous papers for the medical journals, and was a Vice-President of the Royal Medical College, Epsom. He was thoroughly devoted to his profession, and continued till his death to take a lively interest in all medical subjects. No one was actuated by a stronger sense of personal and professional honour, and he enjoyed in a marked degree the respect of his medical brethren, and the confidence of his patients.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Dec. 18th :—

Crowther, Arthur Bingham, Hobart Town, Tasmania.
Dodson, Andrew, Sheinton, Shrewsbury.
Hamerton, George Albert, Gloucester-road, Peckham.
Harsant, William Henry, Epsom.
Hawkes, Anthony Mann, Doughty-street.
Hunt, Robert Edmund, Gort, Ireland.
Nicholson, Arthur, Newark-on-Trent.
Riding, Edwin, Liverpool.
Russell, Francis John Roberts, West Ham.
White, Ernest William, Norwich.

The following gentlemen also have passed their Primary Professional Examination :—

William Lewis Hughes, London Hospital; Frederick Heales Carter, St. Bartholomew's Hospital.

COLLEGE OF PHYSICIANS, IRELAND.—At examinations recently held the following gentlemen obtained the licences in Medicine and Midwifery :—

MEDICINE. — Richard Maurice Allen, John Stephen Francis Finegan, Joseph Fitzgerald, Henry Grier, Henry O'Farrell, Joseph Manserah Palmer, James Robert Panter, John Joseph Redmond, Arthur Milsom Roberts, James Ross, John Francis Shanahan, William Christopher Sparrow, Herod Turner, Auster Fitzgerald Walker.

MIDWIFERY. — Richard Maurice Allen, John Stephen Francis Finegan, Henry Grier, Joseph Manserah Palmer, James Ross, Wm. Christopher Sparrow.

VACCINATION AWARD. — Dr. John Makens, of Middleton in Teesdale, has received the vaccination grant for the third time in succession.

THE number of students of medicine and pharmacy inscribed at the School of Lyons for the present year amounts to 291; 223 being for medicine, and 68 for pharmacy.

DUBLIN OBSTETRICAL SOCIETY. — The following office-bearers have been appointed for the ensuing year:—President: Evory Kennedy. Vice-Presidents: Lombe Atthill and Thomas Darby. Committee: F. Churchill, J. Denham, G. Johnston, G. H. Kidd, and A. H. McClintock. Treasurer: H. S. Halahan. Honorary Secretary: J. R. Kirkpatrick.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY. — At the last meeting of this Society the following gentlemen were elected office-bearers for the ensuing year:—President: Dr. D. R. Haldane. Vice-Presidents: Drs. R. Paterson, P. H. Watson, and G. W. Balfour. Councillors: Dr. Sinclair, Mr. J. D. Pridie, Dr. M'Kendrick, Dr. Cadell, Dr. Niven, Dr. Cuthbert, Mr. John M'Gibbon, and Dr. Andrew. Treasurer: Dr. Joseph Bell. Secretaries: Dr. Muirhead and Dr. Chiene.

AT a meeting of the South Durham and Cleveland Medical Society, held in the Darlington Hospital on the 3rd inst., the following resolution was moved and adopted: "The opinion of the meeting is unanimously in favour of the continuance of the Contagious Diseases Act. The discussion of the question before public meetings, which has been held in various towns, is strongly condemned as indelicate and injurious, as it could not properly be entered into except by medical men." The resolution was moved by J. W. Eastwood, M.D., the President, and seconded by J. Farquharson, L.R.C.P.E.

ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION. —The seventh anniversary session of the Association will be held at Willis's Rooms, King-street, St. James's, on Tuesday, the 30th December, 1873, at 5.30 P.M., when the president (Dr. Lockhart Robertson) will deliver an address on "The St. Andrews Medical Graduates' Association; a Retrospect." In addition to the general business, an important resolution affecting the future of the Association will be submitted by the council to the members. The usual dinner will commence at 7 P.M., at the same rooms; the president in the chair.

SURGICAL SOCIETY OF IRELAND.—The following gentlemen have been elected office-bearers for the session 1873-74: — President: John Denham. Vice-President: T. Jolliffe Tufnell. Council: William Hargrave, Charles Benson, Christopher Fleming, M. Harry Stapleton, Richard G. H. Butcher, Hans Irvine, George H. Porter, Thomas Byrne, Philip Bevan, B. Wills Richardson, James H. Wharton, James S. Hughes, Rawdon Macnamara, Edward Dillon Mapother, William Colles, Edward Hamilton, A. H. Jacob, Humphrey Mincin, Henry Croly, John Morgan, Albert Walsh.

Medical Appointments.

ALEXANDER, P., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the Backworth Colliery, near Newcastle-on-Tyne, vice Craig, deceased.

ASH, T. L., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Holsworthy Union, Devon.

BOULGER, I., M.R.C.S.E., has been appointed Resident Accoucheur to St. Thomas's Hospital.

CONCANEN, W. A., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer and Public Vaccinator for District No. 6 of the Bedminster Union, and Medical Officer of Health for Division No. 6 of the Bedminster Rural Sanitary District, vice Lloyd, deceased.

COWARD, W. R., M.R.C.S.E., has been appointed Medical Officer to the South Shields Police, vice W. Coward, M.D., M.R.C.S.E., deceased.

DAVIDSON, D. C., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed House-Surgeon to the Dorset County Hospital, Dorchester, vice Hollis, resigned.

DAVIDSON, J. K., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Certifying Factory Surgeon at Blackburn, vice Skaife, resigned.

DAVIES, J. S., M.R.C.S.E., has been appointed Medical Officer for the Oswestry District of the Great Western Railway Provident Society, vice Dicker, deceased.

DRANE, R. E., L.R.C.P.Ed., has been appointed Medical Officer for the Pocklington No. 2 District and the Workhouse of the Pocklington Union.

DONKIN, H. B., M.B., M.R.C.S.E., has been reappointed a House-Physician to St. Thomas's Hospital.

GALT, J., F.R.C.S.E., has been appointed Medical Officer of Health for the Hurst Urban Sanitary District: £16 per annum; acreage 1800; population 5432.

HIGHTON, T., M.R.C.S.E., has been appointed a House-Physician to St. Thomas's Hospital.

KILLINGWORTH, T. B., L.S.A.L., has been appointed Assistant-Surgeon to the Provident Surgical Appliance Society, Great Ormond-street.

MACKINLAY, J. E. H., L.R.C.P.L., M.R.C.S.E., has been appointed House-Physician to St. George's Hospital, vice Ewart.

MAC NAUGHTON, A., M.B., C.M., has been appointed House-Surgeon to Gray's Hospital, Elgin, vice Gordon, resigned.

MILLER, L., L.R.C.P.Ed., has been appointed Medical Officer for District No. 2 of the Westbury and Whorwellsdown Union, vice Langley, resigned.

O'LEARY, E., L.R.C.P.Ed., M.R.C.S.E., has been appointed Admiralty Surgeon and Agent, and Medical Officer to the Coast Guard and Pilots at Dunmore East, Co. Waterford, vice O'Sullivan, deceased.

SCRIVENER, C. W., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer of Health for the Filey Urban Sanitary District: £10 per annum; population 2269.

SHAW, J. E., M.B., C.M., has been appointed Assistant House-Surgeon to the Royal Infirmary, Bristol, vice Chute, promoted to the House Surgeoncy.

SMITH, R. A., M.D., has been appointed an Hon. Surgeon to the Sunderland and Bishopwearmouth Infirmary and Dispensary, vice Yeld, resigned.

STEWART, J., L.R.C.P.Ed., L.R.C.S.I., has been appointed Second Assistant Medical Officer to the Kent County Lunatic Asylum, Barming-heath, vice Hughes, resigned.

STIRLING, E. C., M.B., M.R.C.S.E., has been appointed House-Surgeon to St. George's Hospital, vice Thrupp.

SUTCLIFFE, W., M.R.C.S.E., of Stalybridge, has been appointed Certifying Factory Surgeon for the District of Mossley, vice Bean, resigned.

TORBOCK, W. H., M.D., M.R.C.S.E., has been appointed Medical Officer for Districts Nos. 4 and 5 of the Liskeard Union.

VINCENT, H. B., M.B.C.S.E., has been appointed House-Surgeon to the North Lonsdale Hospital, Barrow-in-Furness, vice Settle, resigned.

WATSON, W. C., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer of Health for the Hoole Urban Sanitary District: £10 per annum; acreage 320; population 1800.

WILSON, H. O., M.R.C.S.E., has been appointed an Hon. Surgeon to the Birkenhead Borough Hospital, vice Jacob, resigned.

WOOD, T. O., L.R.C.P.Ed., M.R.C.S.E., has been appointed Third Assistant Medical Officer to the Kent County Lunatic Asylum, Barming-heath.

WRIGHT, F., L.S.A.L., has been appointed Medical Officer for the Bishop Wilton District of the Pocklington Union.

BOOKS ETC. RECEIVED.

Mr. Balfour Stewart on the Conservation of Energy.
Dr. Ralph Richardson on the Simplicity of Life.
Dr. Budd on Typhoid Fever.
Dr. Winslow's Manual of Lunacy.
Dr. Waters on Diseases of the Chest.
Dr. Drysdale on the Granular Cell found in Ovarian Fluid.
Transactions of the Pathological Society of London. Vol. XXIV.
Mr. Finlay Dun: Veterinary Medicines. Fourth Edition.
Mr. Leslie Stephen: Essays on Free Thinking and Plain Speaking.
Mr. T. E. Thorpe: Inorganic Chemistry—Non-metals.
Elements of Algebra.
Dr. W. B. Kemshead: Inorganic Chemistry.
Mr. T. Davies on Mounting Microscopic Objects.
Dr. Tyson: Introduction to Practical Histology.
Dr. Phipson: Observations on the Agricultural Chemistry on the Sugar-cane.
Mr. Bainbridge on the Droitwich Salt Baths.
Inaugural Address and Speeches of the Right Hon. B. Disraeli, M.P., at Glasgow, Nov. 1873.
Dr. Jacobi on Infant Diets.
M. Monier: La Réforme Fiscale.
Dr. Young's Physical Geography.
Dr. West on the Diseases of Infancy and Childhood.
Dr. Liveing on Leprosy.
Dr. Madden on the Diagnosis and Treatment of Uterine Polypi.
Dr. Bull and Dr. G. A. Hansen on the Leprous Diseases of the Eye.
Dr. Cameron's Report on Public Health.
Dr. Cleland's Animal Physiology.
Dr. Pettigrew on Locomotion.
Dr. R. Willis on the Sudoriparous and Lymphatic Systems.
Dr. Gouley on the Diseases of the Urinary Organs.
Dictionary of Artists of the English School.
Ninth Annual Report of the Sanitary Commissioner with the Government of India, 1872.
Florence S. Lee's Handbook for Hospital Sisters.
Smith's Fruits and Farinacea, condensed by F. W. Newman.
J. S. Blake on the Culture of the Intellect.
Transactions of the American Otological Society.
The Practitioner.
Census of the Town of Madras, 1871.
Mr. W. H. Cremer: the Toy Kingdom.

Medical Diary of the Week.

Monday, Dec. 29.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations on the Eye, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Dec. 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—Prof. Tyndall, "On the Motion and Sensation of Sound." (Juvenile Lectures.)

Wednesday, Dec. 31.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, Jan. 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—Prof. Tyndall, "On the Motion and Sensation of Sound." (Juvenile Lectures.)

Friday, Jan. 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Jan. 3.

HOSPITAL FOR WOMEN Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—Prof. Tyndall, "On the Motion and Sensation of Sound." (Juvenile Lectures.)

Notes, Short Comments, and Answers to Correspondents.

CURIOUS MALFORMATION OF BOTH HANDS.

DR. A. G. REID, in his report on the health of Hankow for the half-year ending March, 1873, describes a curious deformity of the hands of a child, illustrated by sketches. He states that, so far as he is aware, these sketches represent a very rare type of malformation, and there is a want of symmetry in the members, there being one thumb more on the right and one additional little finger on the left hand. The web stretching between the thumb and forefinger and between the latter and the middle finger is wider, and admits of much freer lateral movement than can be effected between the other fingers. Of the two thumbs, which on either hand are perfect, and spring from the metacarpal bone, the inner ones are articulated with the lateral aspect of the joint. The third thumb of the right hand and the sixth left digit are phalangeal appendages. The power of grasping is strongly developed. The feet are normal.

Enquirer.—Messrs. Baillière, Tyndall, and Cox, King William-street, Strand.

OPHTHALMIC SURGERY IN PAUPER SCHOOLS.

To the Editor of THE LANCET.

SIR,—In reference to the paragraph on this subject in your impression of December 6th, I beg to premise that the same liability existed to this complaint in soldiers' children, and formerly, as is well known, prevailed amongst soldiers themselves. The next common source of contagion in ophthalmia in masses of people congregated together is the use of the same dirty water and towels for washing the faces and hands, due precautions against which are now taken in camps and barracks. One cause of origination, however, has not been taken enough into account, which is the use of *lime* for whitewashing walls and for sanitary purposes, and its benefit in this matter has caused it to be overlooked as a promoter of ophthalmia. Either in the dry or wet state, lime is well known to malingerers for its properties in producing convenient attacks of ophthalmia to escape duty, or facilitate their discharge from the service. As this material is very extensively used at present, so there occurs a greater liability to children in married quarters or lodgings getting sore eyes from it, not from the glare of the sun from its dried surface, but from the impalpable dust floating about in the air, so frequently disturbed, as it may be, with the brooms and brushes of the room-cleaners. Lime for whitewashing purposes should, therefore, be well mixed with size previously, so as to make it into a glutinous paste, for smearing smooth and making it adhere to the walls. These, however, had far better be solidly cemented from the first, so that they could be washed down instead of being dry brushed, which operation sweeps off clouds of impalpable irritating lime-dust. This again floats in the air of dormitories, and settles down on the dresses and towels hanging up, and so impregnates the water lying in basins, and is deposited on the crockery, and hence may become a special cause of ophthalmia under particular attendant circumstances.

I remain, Sir, your obedient servant,
December, 1873. W. J. BLACK, Surgeon-Major.

THE FELLOWSHIP OF THE COLLEGE OF SURGEONS.

WE have received a long letter from *Professor Humphry*, of Cambridge, giving an explanation of his reasons for the motion he recently brought before the Council of the College of Surgeons. We regret that, owing to our early issue this week, and the pressure consequent upon the end of the year, we are unable to insert our correspondent's communication until next week.

Mr. R. Fawcett Battye.—The paper shall receive due attention.

CASE OF RETENTION OF URINE.

To the Editor of THE LANCET.

SIR,—Six weeks ago I was called to a case which has proved of great interest.

W. L——, aged seventy-five, a dissenting minister, had been preaching the previous day at a village sixteen miles off, and feeling exhausted after the exertion he took a small quantity of whisky. Soon after he tried to urinate, and failed. Next morning, as he was in great pain, he called in a surgeon, but his every endeavour failed. He came home, and I saw him on his arrival that night. As soon as I attempted to pass a catheter, I found that the urethra was very much torn, and had a terrible false passage in the membranous portion. Two grains of opium and a hot hip-bath soon rendered the passage of a No. 8 catheter easy. For five weeks he could pass no urine without instrumental aid, and his general health was suffering very severely. I then commenced giving strychnia, as the walls of the bladder had evidently lost their contractile power from the enormous over-distension from which they had suffered. The result is that he can now, after a week of its administration, pass his urine freely.

I remain, Sir, yours truly,
Doncaster, December, 1873. A. C. WILSON, M.D.

A PUFF.

THE following paragraph is to be found as an advertisement in the *Newcastle Daily Chronicle*. It is difficult to understand how a gentleman who has earned such enviable honours should have friends so destitute of taste as to advertise his successes:—

"UNIVERSITY OF LONDON.—The gold medal of the value of £30 for proficiency in the science and practice of medicine has this year been conferred, after competitive examination, on George Oliver, Esq., M.D., Redcar. This is the highest distinction attained by medical graduates at the University.—Advt."

H. W., (St. Bartholomew's Hospital.)—1. Edinburgh.—2. The number of medical graduates of the other University alluded to by our correspondent is very small.

THE letter of *Mr. Eager* shall appear next week.

A Military Surgeon will find a reference to Governor Pine's despatches in the little book just published by Capt. Brackenbury and Capt. Huysche, and in the last number of the *Edinburgh Review*. Speaking of a final blow to be struck at Ashantee power, Governor Pine said:—

"This desirable object can be obtained only by the possession of such a force as I fear the Governor of these settlements can never hope to command, unless your Grace should be pleased to urge upon Her Majesty's Government the policy, economy, and even the mercy of transporting to these shores an army of such strength as would, combined with the allied native forces, enable us to march on Coomassie, and there plant the British flag. To a stranger this course may appear a visionary one; but I am convinced that, even with all the disadvantages of climate, the expedition would not be so dangerous, so fatal, or accompanied with such loss of life as have assailed expeditions in other and apparently more genial climes; and with 2000 disciplined soldiers, followed by upwards of 50,000 native forces, who require only to be led and inspired with confidence by the presence of organised troops, I would undertake (driving the hordes of Ashantees) to march to Coomassie."

Governor Pine had evidently formed a very incorrect estimate of the qualities of "our native allies"; but it remains to be seen whether he is equally in error in his estimate of the relatively small loss of life and sickness such an expedition will entail on us.

Mr. F. Ilderton.—Apply to the Local Government Board.

A CASE FOR INQUIRY.

To the Editor of THE LANCET.

SIR,—A woman was brought in dead at one of our London hospitals on the 8th of December. The history of the case, as far as could be ascertained, was this: She had come up from the country in a good state of health to visit some friends or relations. On the morning of the 8th her son-in-law took her out with him, and gave her something to drink at a public-house, and within half an hour afterwards she expired. The resident medical officer of the hospital gave notice of the occurrence to the coroner, stating that under the (then) present circumstances he could give no information as to the cause of death. It appears that the coroner or his clerk then inquired of the son-in-law if he wished an inquest, and, on his answering in the negative, sent word to the resident medical officer that no post-mortem examination or inquest would be necessary. The resident physician then wrote to the coroner, thinking he might not be acquainted with the strange and sudden manner in which the woman died, and on the following morning an order came to stop the removal of the body. Eventually, however, the coroner confirmed his previous decision that no inquest should be held, his messenger giving the resident medical officer to understand that the relatives of the deceased had received a letter from her daughter, saying that she had complained of a pain in her heart during life, thereby affording to the mind of the coroner proof that the deceased had died of "heart disease." The coroner is *not* a medical man. Of course the resident physician refused to give any death certificate, and I presume the body was buried uncertified, or certified by a layman "heart disease."

May I ask if this unsatisfactory way of dealing with cases of sudden death has become general in our large cities? Does it not tend to encourage secret evils, superstition, and ignorance, and how far is this sanctioned by the law?

I am, Sir, your obedient servant,

December, 1873. THE RESIDENT MEDICAL OFFICER.

Health Officer, in answer to the question put to us (THE LANCET, Dec. 13th), is informed that it is stated that one hundredweight of Cooper's Salts will go as far as two hundredweight of carbolic powder, and, being half the price, is therefore equal in economy to four hundredweight. These salts have recently, we understand, been used at Ingateston, in Essex, where typhoid fever prevailed, and, according to the medical officer of the district, have extinguished the epidemic. The experience of other medical officers is thus confirmed, and the fact should be noted by the sanitary authorities of Ipswich, Cambridge, and other districts where typhoid is rife.

ACCIDENTS BY MACHINERY.

To the Editor of THE LANCET.

SIR,—As a manufacturer, I trust you will allow me to offer a few remarks upon the paragraph in your journal respecting accidents by machinery.

The list of 3640 casualties is undoubtedly large, but only about 1000 of these were serious; and among how many millions of our population did they occur? I do not wish to detract from the apparent serious number of accidents; but when the number of persons employed is taken into account, together with the dangerous nature of many employments, the matter is not so alarming as at first appears. There is no doubt that employers do not always take sufficient care; but the workmen are, as a general rule, chiefly to blame for accidents.

I may state—and I do it thankfully, and not boastfully—that, although we employ about 250 men, we have never had a fatal, and only one serious, accident since the establishment of our factories some fifty years ago. By careful supervision, provided the men themselves will also take care, the number of accidents may, and should be, greatly reduced.

I am, Sir, yours faithfully,

Old Kent-road, Dec. 19th, 1873. GEORGE H. CHUBB.

"A CIRCULAR."

To the Editor of THE LANCET.

SIR,—My attention has just been drawn to a letter in your issue of the 6th instant, signed "X. Y.," and headed "A Circular." I beg leave to say a few words in reply.

About two years ago an old Indian patient had induced me to make the experiment of introducing the system of annual medical attendance into my London practice, and he undertook to get up a few circulars for distribution strictly among my Indian patients and most intimate friends. The scheme, however, would not "take root," and was accordingly completely abandoned, and the circulars were bundled together, and put aside in a lumber-room, where they remained unheeded and forgotten for two years until last September, when they were removed by my servant, and sold, together with files of old newspapers, &c., as waste paper.

I refrain from commenting on your correspondent's hasty imputations.

I am, Sir, yours, &c.,

Queen Anne-street, Dec. 22nd, 1873. M. H. LACKERSTEEN, M.D.

FEES FOR ADJOURNED INQUESTS.

W. W.—An answer which we gave last week on this subject will convey a wrong impression as to the practice of Dr. Lankester in regard to giving fees to medical men for attendance at adjourned inquests. No additional fee is given by Dr. Lankester to *medical* witnesses. It is only to common witnesses that a small additional fee is allowed. Our statement was based on a note from the coroner himself in reply to our direct inquiry; but he did not understand us to be speaking of *medical* witnesses.

MIDWIVES FOR THE POOR.

To the Editor of THE LANCET.

SIR,—It strikes me that you and the Obstetrical Society and Mr. Stansfeld are all wrong together in the matter of midwives for the poor. There is no parish in the United Kingdom without a medical officer supposed to be fully competent to undertake such cases, ordinary and extraordinary as they may be, and in my opinion it would be far better if Boards of Guardians, as in my union, did not employ midwives at all. It is not to be expected that they could qualify themselves to undertake all cases, and that being so, the more that is thrown upon the parish doctor the better for him, and not only so, but better also for the pauper community of which he may have charge. I see no objection to poor women employing as they do the neighbouring midwife; but I would not have any sanction given to their doing anything more than separating the child and removing the after-birth from the bed. If anything else should be required, they should have instructions to send for a man-midwife.

I am, Sir, your obedient servant,

December 17th, 1873. A PARISH DOCTOR.

DERANGED AUDITORY FUNCTION.

IN reference to the case mentioned by "Malleus" in our last number, *Mr. H. B. Blackburn* recommends the trial of ten-grain doses of hydrochlorate of ammonia three or four times a day.

ERRATA.—The name of the gentleman to whom we were indebted for the notes of Dr. Wilks's case of sanguineous effusion between the membranes of the brain, published last week on page 876, was Mr. A. B. Crowther, not J. B. Crowther.—By the omission of a word in the manuscript of the note headed "Medical Club," page 897, the meaning of the writer was rendered obscure. He intended to say that had the subscriptions of the original members not been raised, many of them would not have acceded, and consequently the Club would have had a fuller roll of members.—In the formula proposed by Dr. Mackenzie for subcutaneous injection of morphia, page 896, the quantity of distilled water was given as "fourteen" drachms. It should have been *four* drachms.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir H. Thompson, London; Professor Humphry, Cambridge; Mr. Jolliffe Tufnell, Dublin; Mr. Sampson Gamgee, Birmingham; Dr. Brockenbrough, Nice; Mr. Lee; Dr. Meadows, London; Mr. Stewart, Fulbourn; Mr. W. Percival, Northampton; Dr. Ogle, London; Mr. Coribould, March; Mr. Storey, London; Mr. Dunne, Dublin; Mr. Birch, London; Dr. Deane, St. Ives; Mr. Vincent, London; Mr. Macdowell, Bombay; Mr. Orton, Stockport; Mr. E. Hugh, Holywell; Mr. Kemp; Dr. Sisson, London; Mr. Blackburn, Mansfield; Mr. Barrett, London; Mr. Rankin, Kilmarnock; Mr. Swain, Devonport; Dr. Reid, Pembroke; Mr. Holderness, Huntingdon; Mr. Tapley, London; Mr. Alldridge, Liverpool; Mr. Reeves, Rugby; Mr. Broome, Swaffham; Mr. Wood, Gateshead; Mr. Hirons, Bournemouth; Mr. Jeaffreson, Newcastle; Mr. Thorne, Dudley; Mr. Roe, Kingstown; Mr. Evans, Pordingbridge; Mr. Cornish, Manchester; Dr. Lackersteen, London; Dr. Laycock, Edinburgh; Mr. Treves, Margate; Rev. P. S. Duval, London; Mr. Lang, Whitchurch; Mr. Mackenzie, Cupar; Mr. Ilderton, Fairfield; Mr. Webb, Louth; Mr. Salmon, London; Mr. Duncan, Halifax; Mr. Sewell, Douglas; Mr. Battye, London; Mr. Mellison, Hammersmith; Dr. Campbell, Liverpool; Mr. Kelly, Wandsworth; Mr. Chubb, London; Mr. Cullingworth, Manchester; Mr. Soames, Welshpool; Mr. Brown, London; Mr. Webb, London; Mr. Cameron, London; Mr. Hoare, Stevenston; Mr. Cremer, London; Mr. Mannering, Burlington, U.S.; Mr. L. Davies, Oswestry; Mr. Wilkinson, London; Mr. Allen, Birmingham; Messrs. Letts and Co., London; Mr. G. Robinson; Mr. C. J. Smith, Brighton; Mr. Brookhouse, Deptford; Dr. Makens, Middleton-in-Teesdale; Mucor; M. A.; Esquirer; One of the Original Members of the Medical Club; H. W.; &c. &c.

Philadelphia Medical Times, Manchester Guardian, Sunderland Times, Galway Pilot, Beverley Guardian, Kilmarnock Standard, Whitehaven News, St. John Daily News, and *Scully's Ulverston Advertiser* have been received.

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INDEX.

Abdominal section, successful case of, for intussusception, with remarks on this and other methods of treatment, 737, 781
Aberdeen University, pass-list of, 240; medical curricula at, 376
Abiogenesis, 47
Adams, Mr. W., Club-foot, its Causes, Pathology, and Treatment (review), 116; growth and supposed wearing out of cicatrices, 773
Addenbrooke's Hospital, 419
Adder, bite of an, 101
Adderley, Sir C., the Public Health Bill of, 58
Administrative areas, 200
Adulteration Act, the, 80, 91, 216, 360, 567, 749, 782; the Permissive Bill and, 779
Advertising compliment, an, 253
African fevers, 640, 700, 827
——— service, the, 678
Agassiz, M., Natural History School of, 241; death of, 889; obituary notice of, 922
Akerman, Mr. W., medical benefit clubs, 68
Albion Life Office, the, 807
Albuminuria, temporary, the result of cold bathing, 912
Alcohol, action of, on body temperature, 358; and alcohols, 638
Aldridge, Dr. J. H., typhoid fever in Marylebone, 249
Alexander, Mr. H., St. John's Hospital, 288
———, prize, the, 167
Algiers, climate of, 509
Allan, Mr. J. W., history of a scrofulous family, 262
Alopecia, treatment of, 101
Alpine Guides (review), 233
Amaurosis, case of assumed, 43; treatment of, by hypodermic medication, 638
America, cholera in, 242
American Dental Association, Transactions of the (review), 582
——— war, the medical and surgical history of the, 431
Amputation, natural, or spontaneous fracture, a contribution to the surgery of, 180, 233, 289, 295
Amussat's operation, case of, 554
Amykosaseptin, 14
Anæsthesia, the inventor of, 270
Anæsthetic travelling, 313, 355
ANALYTICAL RECORDS.—New drugs &c. introduced by Messrs. Ferris and Co., 431—Kirby's phosphorus preparations, ib.—Extract of meat, 632—Dr. Girard's protoxalate of iron, ib.—Eau minérale naturelle, sulfureuse, alcaline, iodurée, et bromurée, ib.—Goldsworthy's wheaten biscuits, ib.
Anatomy Act, the, 546
Anderson, Dr. M'C., cases illustrative of pain as a symptom of disease, 73
Anderton, Mr. C., third attack of measles, 139
Aneurism, on the surgical treatment of, in its various forms, 105, 142, 155, 443, 637; the successful treatment of, by position and restricted diet, 878, 886, 921; femoral, two cases of, 7; popliteal, gangrene after ligature of the femoral, separation of four toes, recovery, 43; popliteal, cases of, 112; intra-thoracic, treatment of, by electrolysis, 264; of posterior tibial artery cured by pressure, 301; traumatic, of the throat, ligature of the common carotid, 517; of the descending aorta treated by galvano-puncture, 550; diffused, of the right popliteal artery, amputation, death, 594; axillary, compression, cure, 700; of the posterior tibial artery, compression, ligature, gangrene, amputation, recovery, 809; of the external iliac artery cured by pressure with Lister's abdominal tourniquet, 879
Anglo-French war, an, 714
Annus medicus 1873, 908
Anosmia following a blow, 659
Anstie, Dr. F. E., remarkable case of death from meningeal congestion without inflammation, 740
Antineuralgic snuff, 5
Antiseptic surgery, 432, 470; an Inquiry into the Theory and Practice of (review), 109
Anti-vaccinationists, 851
Anus, arsenical ulcerations of the, 49; abnormal, concerning the closure of, 9
Aortic insufficiency, on, 291
Aphasia, the sequence of typhoid fever, 111; complete, followed by cure, 82
Apothecaries' Hall, 94; pass-lists of, 30, 65, 100, 136, 173, 216, 250, 286, 320, 359, 438, 508, 543, 578, 615, 651, 687, 723, 758, 794, 829, 863, 924; regulations of, 384—of Ireland, regulations of, 385
Apoplexy and drunkenness, 351
Arachis hypogea, oil of, 363
Ardwick and Ancoats Hospital, 751
Armstrong, Mr. L., introductory lecture at the Durham College of Medicine, 526
Army, health of the, 94; recruiting in the, 201; hospital stoppages in the, 548, 678, 685
——— hospital corps, 643
——— medical department, 17, 48, 85, 93, 103, 138, 278, 318, 320, 386, 433, 830; reduction of the, 430
——— warrant, the, 163, 566, 671, 682, 710, 791
Arnold and Son's waterproof padding for splints, &c., 457
Arsenic, sugar and magnesia an antidote to, 157; in the household, 715; administration of, to phthisical subjects, 777
Arterial pressure, the medical value of, 413
Ashantee war, the, 288, 307, 344, 350, 422, 431, 458, 497, 500, 533, 564, 570, 634, 707, 711, 745, 748, 750, 786, 791, 820, 894, 916; medical aspects of the, 86; medical volunteers for, 606
As it should be, 787
Asphyxiated animals, absorption of oxygen by the blood of, 341
Aspirating puncture in dropsy of the knee, 462
Aspirator, the, 318
Assistant, liability for wrongful treatment by an, 93
Assurance v. nervousness, 253
Asthma, the pathology of, 703; spasmodic, on, 325, 513
Astley, Dr. E. F., presentation to, 836
Athletic exercises, use and abuse of, 770
Auditory function, deranged, 807
Auricular systolic murmur, 811
Australia, the climate of, 474
Autumn manœuvres, the, 285, 317, 319, 355, 434

Baber, Mr. E. C., six cases of non-impacted Colles' fracture, with remarks, 111
Bacteria in blood, 14
Balfour, Mr. W. G., tumours attached to the dura mater proving on the superficial brain-substance, paralysis, 660, 837
Banking company, a medical, 98
Barker, Dr. W., obituary notice of, 438
Barnes, Mr. E. C., medical guardians and workhouse medical officers, 653
Barras, Dr. J., third attack of measles, 290
Barrett, Mr. A. E., deferred fracture of the clavicle, 433
Barwell, Mr. R., infantile paralysis and its resulting deformities, 709
Bassereau's Origine de la Syphilis (review), 580
Baths, public, 175; for East London, 852; foreign, notes on visits to, 204, 412; floating, 538
Batt, Mr. C. D., lightning-stroke, 363
Bayonet-wounds, two cases of, 62
Beale, Dr. L., Dr. Pettigrew on vitality, 776
Beau, Dr. L., du Traitement des Plaies d'un mode nouveau de pansement antiseptique par le Coaltar et le Charbon (review), 193
Beck, Dr. T. S., fatty degeneration of the contractile tissue of the uterus, nature of the cauliflower excrescence of the os uteri, 910
———, Mr. M., on a case of aneurism of the descending aorta treated by galvano-puncture, 559
Beer, adulteration of, 715
Beet-root sugar, 761
Belgian challenge cup, 131
Bell, Mr. J., Surgical Cases in relation to Temperature (review), 336
Bellamy, Mr. E., introductory address at Charing-cross Hospital, 483
Benefit clubs, medical, 68
Bennet, Dr. J. H., the cholera cases at Vienna, 282
Bennett, Mr. E., bite of an adder, 102
Bequests, donations, &c., 30, 66, 100, 250, 287, 438, 473, 543, 578, 866, 623, 687
Berkart, Dr. L. B., "rest" in the treatment of consumption of the lungs, 552; pathology of asthma, 703
Bernard, Prof. C., on calcification in asphyxia, 506
Bile-duct, obstruction of the, 629
Biliary secretion, physiology of the, 56
Birds, intestinal obstruction in, 775
Birkbeck's (Dr.) foundation, 852
BIRMINGHAM.—Death-rate of the town, 285—Well-water, ib.—Sewage farm at Saltley, ib.—Birmingham Medical Benevolent Society, 286—Birmingham Musical Festival, 350—Death of Dr. Evans, ib.—A new park, 543—Abuse of hospital charity, ib.—Exchondroma of the tibia, ib.—Locomotor ataxy, ib.—Hospital clinical work, 648, 828—The salt baths at Droitwich, 649—Salary of the gaol surgeon, 720—Hospital Sunday, ib.—The Orthopædic Hospital, 721—The new out-patient department of Queen's Hospital, ib.—Midland Medical Society, 721, 828—Hospital reform, 828—Dr. Richardson on the pioneers of modern science, ib.
Black, Dr. D. C., preventive treatment of uric-acid calculi, 432; on the Functional Diseases of the Renal, Urinary, and Reproductive Organs (review), 668
———, Mr. W. J., ophthalmic surgery in pauper schools, 925
Blackley, Mr. C. H., on Hay Fever (review), 231; the pollen theory of hay fever, 441
Bladder, rupture of the, without external violence, 448; female, self-retaining catheter for the, 393; of a female, a wax candle in the, 289
Blanc, Dr. H., animal vaccination, 110; on the internal use of chloralum in cholera, 226; summary of papers read at the medical section of the French Association for the Advancement of Science, 420, 455
Bloodless operation, a new, 780
——— operations, 532, 576, 643, 747, 812, 899
Bloxam, Mr. M., a case of epileptic convulsions during labour, 261
Body weight, insensible loss of, in traumatic fever, 360
Bogus degrees, 58
Boileau, Dr. J. P. H., obscure alliances of typhoid, 258
Bolton, Dr. J. A., obituary notice of, 437
Bond, Dr. F. T., presentation to, 719
Bone-setting, modern, 317
Bonnafont's Treatise on Diseases of the Ear (review), 153
Bordeaux wine, 919
Border Medical Association, 339
Both's Consumption (review), 233
Boulogne Medical Society, 704

Bovill, Lord Chief Justice, health of, 610
Bowdich's Mission to Ashantee (review), 777
Bowel, evacuation of a portion of, 513
Bowker, Mr. R. R., traumatic aneurism of the throat, successfully treated by ligature of the common carotid, 517
Brachial muscle, ossifying myositis of the, 457
Bradford Medico-Chirurgical Society, 502, 616
Bradley, Mr. S. M., treatment of dermatophyta, 29
Brain, researches on the functions of the, 18; action of arterial pressure on the lymphatics of the, 341; probable sanguineous effusion between the membranes of the, the result of an injury to the head, lead poisoning, recovery, 876; abscess of the, 877
Brazil, phthisis in, 32
Breese, Mr. E., fining of jurors for non-attendance, 139
Brentford, report on the outbreak of scarlatina at, 467, 641; sanitary condition of, 681; sanitary inquiry at, 751
Bretonneau, Trousseau, and Velpeau, MM., memorial to, 716
Breton's sewage farm, report on, 561
Bridport inquests, 465
Brierley, Dr. J. B., ergotine in post-partum hæmorrhage, 253
Brighouse, enteric fever at, 353
Bright's disease, chronic, in a syphilitic patient, 597
Bristol Hospital for Sick Children, 241, 494
British and Foreign Medico-Chirurgical Review (review), 84
—— Association, meeting of the, 468, 503; and the Pharmaceutical conference, 427; finances of the, 536
—— Medical Association, the, 129, 162, 233, 237; meeting of, 197, 204; lights and shadows of, 308
—— Hospital for Diseases of the Skin, 103
—— Museum, reading and breathing in the, 679
—— Provident Life and Guarantee Association, 465
Brittan, Dr. F., convalescence in typhoid fever, 78
Britton, Dr. T., enteric fever at Brighouse, 353
Broadmoor Asylum, 821
Bromide of potassium, sedative power of, 456
Brown, Mr. G. D., fever at Brentford, 542
Browne, Dr. T., series of cases of lead-poisoning, 146
Brunswick, the late Duke of, 314
Brushfield, Dr. T. N., pauper lunatics in workhouses, 893
Brussels, a hospital in, 471
Bryant, Mr. T., intestinal obstruction, 773
Bucknill, Dr. J. C., a new classification of insanity, 696
Bullock's Animal Physiology (review), 742
Burgess, Dr. T., Poor-law medical relief, 475
Burning *v.* disinfection, 330
Burns and scalds, treatment of, 563
Bylandt, M. C. de, service in the Dutch Indies, 285

Cæsar, Mr. R. T., presentation to, 173
Calculi, uric-acid, preventive treatment of, 432
Camberwell Provident Dispensary, 844
Cambridge, typhoid fever at, 820; Philosophical Society, 641
—— University, 508; non-collegiate students of, 23; medical curricula at, 371; local examinations, 616
Cameron, Dr. J. C., in what British school did systematic clinical teaching originate? 797
Campbell, Dr. W. M., singular case showing exact correspondence of pulse and temperature, 383
Camphor, poisoning by homœopathic concentrated solution of, 740
Cancer, colloid, of abdomen, simulating ovarian dropsy, 152
Cane, Mr. L., ringworm treated by oleate of mercury, 227
Cannes and its Climate (review), 743
Cannibalism, 762
Cannock Chase, 313
Carbolic acid, effects of, on the urine, 302; mishap with, 578; and zymotic disease, 296; and mosquitoes, 633
Carbolised oil for military purposes, 581
Carey, Mr. R. J., encephalitis, with paralysis of same side, death, 362; case of cephalotripsy, 450
Carlisle, medical officer of health for, 314; Infirmary, 131
Carlsbad and its mineral springs, 4, 78, 145
Carpenter, Dr., on the functions of the brain, 787
Carter, Mr. R. B., introductory lecture at St. George's Hospital, 484; test-types, 757; on contagious ophthalmia as influenced by the arrangements of workhouses and pauper schools, 871, 900
Case for inquiry, 926
Cataract, use of phosphorus in, 735
Catgut sutures, 28
Catheter, grooved, with conducting bougie, 5
Catholic school of medicine, a, 680
—— University school, the, 709
Caton, Dr. R., introductory address at the Liverpool Royal Infirmary, 827
Cattle, remarkable mortality amongst, 440, 807
Cauliflower excrescence of the os uteri, 810, 859
Cautery lamp, new, 907
Cave-dwellers in London, 544
Cavour memorial, the, 716
Cephalotripsy, 450, 506, 576
Cerebral hemisphere, traumatic destruction of, without functional disturbance, 349
—— meningitis, with formation of pus beneath the arachnoid, 81
Certificates, medical, 278, 316
Cervix uteri, hypertrophic elongation of the, at the full term of pregnancy, 114
Chapple, Surgeon, case of snake-bite, 41
Charbon, case of, 42
Charitable elections, the management of, 672, 707
Charity, practical, 202
Chearin's water filter, 844
Chemistry, recent advances in, 424
Cheshire County Asylum, 639
Chesterfield and North Derbyshire Hospital, 794
Chilblain, treatment of, by electricity, 49
Children, foreign bodies swallowed by, 797; in workhouses, 851
Children's Mirror (review), 631
China, progress of medicine in, 219
Chinchona cultivation, 24
—— alkaloids, the, 750
Chinese, medicine among the, 155; items concerning the, 668
Chipperfield, Mr. W. N., obituary notice of, 368
Chloral hydrate, 289; on the action of, 180, 191; local applications of, 311; the therapeutics of, 474; spasmodic asthma treated by, 506
Chloroform, on a case of syncope following, 109; a journey under, 243; death from, at Brighton, 348; in fatty degeneration, 321; intoxication, ice in the rectum for, 157
Cholera, 156, 213, 244, 273, 313, 340, 461, 493, 755; port sanitary authorities and, 15; in Europe, 23, 51, 57, 90, 133, 248, 282, 422; among the Celestials, 31; at Vienna, 53; precautions against, 53, 121, 132; transfusion of milk in, 93; in the metropolis, 162; and the London hospitals, 166; infected clothes and bedding, 200; on the internal use of chloralum in, 236; in Germany, 318; at Southampton, 434; four cases of, at Liverpool, 452; patients, accommodation of, in the metropolis, 464; sanitary measures against, 502; sporadic, 505; case of suspected, 509; and quarantine, 531; patients, microscopical examination of the blood and dejections of, 533; patients in the Paris hospitals, 537; mode of transmission of, 538; retrospect, 604; saline injections in, 653; hospitals in France, 681; in Northern India, report of (review), 707; the prevention of, 710; the Protective effects of Copper against (review), 741; the manufacture of, 830; sulphurous acid as a remedy for, 830
Cholesterine in the eye, 510
Chorea, prodromic stage of, 457
Choroid, ossification of a large portion of the, 413
Christison, Sir R., 851
Chubb, Mr. G. H., accidents by machinery, 926
Cicatrices, evanescence of, 103; growth and supposed wearing out of, 773
Circulation, effects of the introduction of air into the, 817
Citrate of magnesia question, the, 713
Clarke, Mr. W. F., Treatise on Diseases of the Tongue (review), 155
Clavicle, deferred fracture of the, 433
Clay, Dr. R. H., professional remuneration, 790
—, Mr. J., introductory address at Queen's College, Birmingham, 526
Cleator Moor, unhealthiness of, 643
Cleft palate, new operation for, 783
Cleveland-street Workhouse, 464
Climacteric, a second-first, 653, 680, 796, 830
Clinical observation, private practice as a field for, 816
—— Society, 641
—— teaching, the origination of, 797
Clodd, Mr. E., the Childhood of the World (review), 339
Clover, Mr. J. T., bloodless operations on the penis, 682
Club doctors, important to, 535
—— practice in the colliery districts, 464
Coal, substitute for, 829
Coal-gas, case of poisoning by, 502
Coal-tar, powdered, for wounds, 821
Cobbold, Dr. T. S., the grouse disease, 246; introductory address at the Royal Veterinary College, 491; Internal Parasites of our Domesticated Animals (review), 631
Coccyx, the, and imperforate anus, 853
Cocoa, adulteration of, 202, 332
Cod-liver oil, new mode of administering, 174; bread, 467
Coffee as an absorbent, 617
Cole, Mr. G. W., typhoid without symptoms, 101
Collier, Dr. J. A., obituary notice of, 30
Colles' fracture, six cases of non-impacted, 111
Collis, Mr. W., two fatal cases caused by the No. 5 Snider bullet, and its effects on the human subject, 807
Collum, Dr. W., obituary notice of, 30
Colman, Mr. T. H., bloodless operations, 680
Colon, foreign body in the, 253
Colonies, honours to medical men in the, 757
Colotomy, 736; in a case of acute obstruction of the bowels, 492
Colton, Dr. G. Q., nitrous oxide as an anæsthetic, 857
Colville, Lord, 822, 854
Commercell, Commodore, 854
Comrie, Mr. A., presentation to, 330
Conium, cases of disorderly muscular movements illustrating the uses of, 878
Conjoint scheme for England, the, 810
Conjunctiva, polypi of the, 412
Conjunctivitis, diphtheritic sloughing of the cornea, recovery, 10
Constipation, habitual, 725, 760, 798, 830
Consultation fees, 753
"Consulting" *v.* "complimentary" practice, 425
Consumption, statistics of, 346; rest in the treatment of, 553, 617, 654
Contagious Diseases Acts, 346, 924
Contrasts (review), 232
Convalescent homes, 580
Cookery, national school for, 163
Cooke's Tablets of Anatomy and Physiology (review), 194
Coomassie, the way to, 501
Cooper's Dictionary of Practical Surgery (review), 46
Cornea, researches on inflammation of the, 277
Corner, Dr. M., rest in consumption, 654
Coronal suture, separation of the, without fracture, 617
Coroner, the office of, 752, 831
Coroners and juries, 465
——, medical, 216
Coroners' courts and charges, 783
—— fees, 357
—— inquests, 58, 441; fees for adjourned, 926
—— returns of death, 785
Corrigan, Sir D. J., navy surgeons, 213; on various aspects of the medical profession, 409; on Sunday closing, 888
Cory, Dr. F. C., medical ethics in Essex, 797
——, Dr. W., habitual constipation, 760
Coste, Dr., death of, 465; obituary of, 507
Court appointments, 716, 723
Cowell, Mr. G., introductory address at Westminster Hospital, 490
Creditors, medical, important to, 796
Cremation, 430
Criminal, an irresponsible, 642
—— ignorance, 166
Cripps, Mr. W. H., improvement of Esmarch's elastic bandage, 820
"Criterion," the, 707
Croombe, Dr. J. M., spiral elastic head bandage for headache, 102
Crosse, Mr. T. H. R., dressing with magnesia, 102
Croucher, Dr. A. R., third attack of measles, 175
Croup, use of iodine in, 341
Crowther, Mr. W. L., urethrotomy or lithotrity in aged people, 634
Croydon sewage farm, report on, 607
Cumming's Antiseptic Surgery (review), 193
Cunningham, Dr. J. M., Report on the Cholera Epidemic of 1872 in Northern India (review), 707
Curragh camp, irrigation at the, 102
Curran, Mr. J. W., aphasia, the sequence of typhoid fever, 111
——, Mr. W., contribution to the surgery of natural amputation and spontaneous fracture, 189, 223, 258, 295
Curvature of the spine, paraplegia, recovery, 414
Cutcliffe, Mr. J. L., professional remuneration, 757
——, Mr. H. C., obituary notice of, 703
Cutisector, the, 442

Dalrymple, Dr. M. P., death of, 463; the late, 590
Dalton, Mr. W., obituary notice of, 923
Daoud Pacha, death of, 919
Dartmoor, the manœuvres at, 313
Day of rest, the, 753
Deaf and dumb, diseases of the, 674, 720
Deane, Dr. J., vaccination awards, 826, 865
Death, certificates of, 609; verification of, 910
"Death-chase," a, 713
Deaths in England, 537
Debts of deceased medical men, 509
De Chanmont, Dr. F., case of poisoning by coal-gas, 502
Delhi boil, Dr. Fleming's treatment of, 289
Delicate office, a, 312, 354
Delirium tremens, large doses of digitalis in, 434
Demarquay, Dr. J. N., De la Régénération des Organes et des Tissus en Physiologie et en Chirurgie (review), 706
De Morgan, Mr. E., medical value of arterial pressure, 413

Dengue fever, 893; sequelæ of 868
Depressants of the circulation and their use, 904
Derby, Lord, on imbecile training, 565; the tonic of, 917
Derby, medical officer of health for, 679
Dermatophyta, treatment of, 28
Diabetes, new views of, 200; cured by the exclusive use of meat and lactic acid, 457
Diarrhœa in children in summer, 353
Dickson, Dr., on port sanitary work, 276
——, Dr. J. T., sympathetic depression and emotional disturbance, 788, 905
——, Sir J. R. L., 30
Dictionary of Roman and Greek Antiquities (review), 48
Dietary scales afloat, 679
Dieulafoy's Treatise on the Pneumatic Aspiration of Morbid Fluids (review), 559
Digitalis in delirium tremens, 319
Diphtheria, treatment of, 251, 904; tracheotomy, high temperature, death, 771
Disease, the etiology of, 677; wholesale manufacture of, 782
Diseases, monthly prevalence of, 225
Disinfectants, THE LANCET report on, 119, 194
Dispensing, unfaithful, 407, 538, 542
Disraeli, Mr., at Glasgow, 752
Dixon's History of the Two Queens (review), 455
Doctors' war, a, 605
Dogs, mad, 139
Doing good by stealth, 609
Doncaster, the sanitary state of, 21
Dorking, 822; a board of health for, 644
Dougall, Dr. J., carbolic acid and zymotic disease, 295
Downe, Dr. T. S., traumatic epilepsy, 68; self-retaining catheter for the female bladder, 332
Dresden, the cholera at, 139
Drowning, death by, 430
Druggists and medical prescriptions, 277, 308
Drugs, cheap, and dispensaries, 501
Drunk or dying? 55, 850
Drysdale, Dr. C. R., the Metropolitan Free Hospital, 833
Dublin, sanitary condition of, 67, 197; "dear dirty," 97; scarlatina in, 844
—— Obstetrical Society, 924
—— Pathological Society, 894
—— Sanitary Association, 167
—— University, 829; pass-list of, 30; medical curricula at, 376
Duchenne's pseudo-hypertrophic muscular paralysis, 604
Duel in France, the, 61
Duke of York's schools, removal of, 32
Dumont, Mr. F. W. G., turpentine as an antidote to phosphorus, 832
Duncan, Dr. J., concerning the closure of abnormal anus, 9
Dunn and Hewett, Messrs., cocoa and its preparations, 322
Dunne, Mr. J., manufacture of cholera, 830
Dun's Memoir of Sir J. Simpson (review), 83
Dura mater, varix of the superior longitudinal sinus of the, 421; tumours attached to the, pressing on the superficial brain-substance, paralysis, 660, 837; and the skull, abscess between the, with persistent fever, 258
Durham, Mr. A. E., removal of a portion of lint that had been accidentally introduced into the pleural cavity through an opening made for the evacuation of an empyema, 739
Durham University, pass-list of, 30; medical curricula at, 373
Dustbins, 244
Dutch Indies, the, 176; service in the, 285
Dyer, Mr. J. F., health resorts for pulmonary cases, 219
Dysentery, a Theory of the Causation, and Suggestions for the Prevention of (review), 598
Dysmenorrhœa, spasmodic, 336
Dysphagia, notes on a fatal case of, with an abundant flow of saliva, 625

Eade, Dr. P., the gratuitous and provident system at Norwich, 506
Ear disease, vertigo, reeling, and vomiting from, 334
Earth as a surgical application, 26
Ecker's Convolutions of the Human Brain (review), 524
Ectopia vesicæ, operation for, 9
Edgcome, Dr. J., medical men and actions at law, 29
Edinburgh, Obstetrical Society of, 805; Medico-Chirurgical Society of, 924
—— University, 573; the chair of Physiology at, 92; medical curricula at, 373; Club, 205, 715
—— and Glasgow medical schools, 674
Egypt, climate of, 864
Electricity, treatment of skin diseases by, 871
Ellis, Mr. H. M., coroners' inquests, 441
Elocution, 570
Embolism consecutive on fracture of the leg, 777
Emigration, 948; and epidemic diseases, 239
Empyema, case of, treated antiseptically, 809
Encephalitis, with paralysis of same side, death, 362
Enteric fever, latent, 331
Epidemics in 1872-73, 685
Epilepsy, chloride of potassium in, 40; traumatic, 68
Epileptic convulsions during labour, a case of, 261
Epithelial cancer, origin of, 907
Epitheliona, structure of, 280
Epsom College, the, 70, 171, 218, 280, 364; Founder's day at, 130, 253
Erectile tumours, treatment of, by vaccination, 761
Ergot of rye, action of, on the bladder, 187
Erichsen, Mr. J. E., health of, 23, 107; introductory address at University College, 429; bloodless operations, 576
Erith Cottage Hospital, 610
Esmarch's bloodless mode of operating, 532, 576, 643, 747, 812, 864, 874
—— elastic bandage, improvement on, 520
Essex, medical ethics in, 797
—— County Gaol, 57
—— and Herts Benevolent Medical Society, 242
Ether, death from the inhalation of, 573
Ethics and the medical corporations, 708
Eucalyptus globulus, 138, 644, 910
Eustachian tube, occlusion of the, 421
Evans, Dr. G. F., obituary notice of, 436
——, Dr. T. W., History of the American Ambulance (review), 906
Examinations, visitation of, 131
Exostoses, hereditary, 771
Extra-uterine and intra-peritoneal pregnancy, 230
—— fœtation simulating ovarian dropsy, case of, 71, 169

Factory laws and factory medical officers, 405
Fallopian tubes, catarrh of the, 332
Fanti and Ashanti (review), 883
Farquhar, Dr. T., proposal to obtain statistics of diseases of school children, 731
Farquharson, Dr. R., the grouse disease, 283
Farthing swallowed by a child, a, 689
Fayrer, Dr. J., Clinical and Pathological Observations in India (review), 337
Female doctors, 139, 308
—— resident medical officers, 165
Femoral artery, ligature of the, 737
Femur, excision of head of the, 453
Fergusson, Sir W., 106; inaugural address of, at the British Medical Association, 206
Ferris and Co.'s new drugs, 631
Fever patient, strange neglect of a, 890
Fillet, the, as an obstetric aid, 115
Finch, Dr. H., treatment of alopecia, 101; oil of arachis hypogea, 363
Fish, fatal epidemic (typhoid?) disease among, whose blood during life contained bacteria, 667
Fistula in ano, new mode of dressing, 474
Flax operatives, mortality of, 507
Fleming, Dr. J. G., medical certificates, 316
Floating hospitals, 428
Fly, the, in its sanitary aspect, 724
Fœtal heart-sounds, the muscular subsurrus in relation to the, 557
Food, the insufficient supply of, to young people, 129
Foot Guards, promotion in the brigade of, 240
Forceps in midwifery, on the use of the, 590
Foreign bodies swallowed by children, 761
FOREIGN MEDICAL INTELLIGENCE.—Health of Nélaton, 25—French Society for Help to the Wounded, ib.—Embalming Manzoni, ib.—Paris Temperance Society, ib.—Inoculability of tubercle, ib.—Hygienic aspects of rest on Sundays, 860—Extension of the International Convention of Geneva to sea warfare, ib.—Military education in the French Colleges, ib.—Cholera in Vienna, ib.—Medical statistics of Russia, ib.—Rational medicine in Italy, ib.—Deaths of continental medical men, ib.—A new medical senator in Italy, 861—Small-pox in Spain, ib.
Foss, Dr. R. W., a localised outbreak of variola, 734
Fotherby, Dr. H. J., the Metropolitan Free Hospital and Dr. Chapman, 796
Fothergill, Dr. J. M., on the depressants of the circulation and their use, 904
Fowler, Mr. J., on the operation for rupture of the perineum and prolapse of the womb, 70
Fox, Dr. L. O., modern bone-setting, 317
——, Dr. T., on tinea sycosis, 141; St. John's Hospital, 174; practical notes on cutaneous subjects, 659, 733, 908
Fracture box, an iron-wire folding, 660
Fractures, a series of multiple, 583; compound, and other serious injuries, recovery after, 627
France, new regulations for military medical men in, 279
Francis's Quantitative Analysis (review), 12
Freak of nature, a, 612
Freeman, Dr. J. N., gelseminum, 475
French Association for the Advancement of Science, 276, 305; papers read at the, 420, 455
Preston, Mr. R., medical titles, 761
Fruit, poisonous, 97, 171; unwholesome, 129
Fulham board of guardians, 644
Fuller, Dr. H. W., obituary notice of, 922
Furley, Mr. R. C., treatment of small-pox by vaccination, 40
Furnell, Mr. M. C., hereditary improvement, 62
Fussell, Dr. E. F., notes on a fatal case of dysphagia, with an abundant flow of saliva, 625

Gale, Mr. H. S., new mode of dressing fistula in ano, 474
Galvanic wire in surgery, the, 678
Galvanism in post-partum hæmorrhage, 363
Gamgee, Dr. A., Owens College, 677
——, Mr. J. S., hypogastric lithotomy, 807; Esmarch's bandages for bloodless operations, a clinical note, 874
Gangrene, senile, of the foot, cured by the oxygen bath, 152
Ganot's Physics (review), 844
Garman, Mr. J. C., returns of mortality, 441
Garnham, Mr. R. W., case of gunshot wound, 43
Gas poisoning, 500
Gastralgia, treatment of, 13
Gelseminum, 475
General Medical Council, the, 103, 609, 644, 747; the Executive Committee of, 244; registration at the, 289; recommendations of, 389; Crown nominations for, 600; obstetrics and, 673, 683; the Edinburgh College of Physicians and, 716; and the Irish College of Surgeons, 918
Geophagic, or dirt-eating, 174
German Cholera Commission, 244
—— Congress of Science and Medicine, 243
—— military medical service, the, 749
Germans in the far West, the, 616
Gladstone, Mr., health of, 167; and the profession, 239
Glasgow, small-pox in, 351, 432
—— Faculty of Physicians and Surgeons, 543; medical curricula at, 383
—— Medico-Chirurgical Society, 438
—— Southern Medical Society, 543
—— University, medical curricula at, 376
Glottis, foreign body in the, 28
Godfrey, Mr. F., the climate of Egypt, 864
Golbourn, Mr. S., the skin hospitals, 252, 323
Gold Coast, how to avoid the dangers of, the, 348, 508; news from the, 465; remarks in reference to service on the, 587; the sick from the, 675; the troops on the, 679, 832; invaliding from the, 717; affairs at the, 887
Goldie, Dr. G., small-pox in Leeds, 685
Goodchild, Dr. A., a delicate office, 364
Gooding, Dr. J. C., ovariotomy five weeks after confinement, death, 493
Gordon, Dr. C. A., remarks in reference to service on the Gold Coast, 587
Gosselin's Clinique Chirurgicale (review), 417
Gouley, Dr. J. W. S., tunneling the end of urethral instruments, 318
Gratitude in a substantial form, 573
Gratuitous medical advice, 363
Green fields, 101
Green, Mr. H., third attack of measles, 219
Green's Introduction to Pathology (review), 47
Griesinger, criticism on, 680
Griffin, Mr. R. W. W., Epsom College, 253
Griffiths, Dr. W. H., infanticide, 510
Griffiths' Notes on the Pharmacopœial Preparations (review), 339
Grouse disease, 216, 248, 283, 317, 440, 652
Guenther, Dr. R., the Vienna Congress, 681
Guest Hospital, Dudley, 609
Guildford, medical relief at, 348, 890
Gunshot wound, case of, 43; of the abdomen, injury to spleen, stomach, and liver, death, 450
Gutteridge, Mr. T., "lithotomy extraordinary," 759
Guyon's Elements de Chirurgie Clinique (review), 697
Guy's Physical Society, 735
Gwynne, Dr. E., foreign bodies swallowed by children, 761

Habitual Drunkards Bill, 82
Hadaway, Mr. J., third attack of measles, 219
Hæmatocele, pelvic, 698, 803
Hæmoglobin, in blood, mode of estimating, 562; in various diseases, 777
Hæmorrhage, the means of arresting, 663
Hair, change of colour in the, 69; effects following the removal of, and varnishing the skin of animals, 866
Hammock, a pocket, 760
Hands, curious malformation of both, 935
Hanwell Asylum, 313
Harding, Mr. W. H., workhouse medical officers and medical guardians, 736
Harker, Dr. J., poisonous fruit, 97
Harley, Dr. J., introductory address at St. Thomas's Hospital, 497; cases of disorderly muscular movements illustrating the uses of conium, 678
Harrice, Dr. G., death and obituary of, 714, 722, 744
Hart, Mr. J. M., the naval medical service, 294
Hartley, Mr. E., poisoning by laudanum, 694

Harvey, Dr. A., on certain evils attaching to our existing system of medical education, 785, 801
Hawkins, Mr. C., the Royal College of Surgeons, 613
——, Mr. T., professional remuneration, 700
Hay fever, 219; (review), 117; the pollen theory of, 231, 363, 441, 545
Hay, Vice-Admiral Sir J. D., Ashanti and the Gold Coast (review), 807
Hays' American Journal (review), 266
Head, influence of education on the size of the, 22
Headache, spiral elastic head-bandage for, 102
Health resorts for pulmonary cases, 219
Heart, on the immediate causes of the changes of the, as produced in endocarditis, 622; fibroid degeneration of the, 704
Heat, the, 126
Heath, Mr. C., cases of labial hernia and their treatment, 767
Helmholtz's Mechanism of the Ossicles of the Ear and Membrana Tympani (review), 11
Hemiplegia, with paralysis of the third nerve, 335
Hereditary improvement, 62
—— Transmission of Structural Peculiarities (review), 117
Hernia, cases of, 592, 663; reducible, suggestions for a more scientific method of treating, 75, 145; strangulated congenital inguinal, radical cure, 335; strangulated inguinal, aspirating puncture in, 633; incarcerated, radical cure, 841
Herpes consecutive on traumatism, 14
Hewetson, Mr. H. B., the present aspect of athletic exercises and their use and abuse, 770
Hicks, Dr. J. B., on the spontaneous separation of the placenta when it is prævia, 556; cephalotripsy, 676; cauliflower excrescences of the os uteri, 859
Hilliard, Dr. R. H., pencil-case thermometers, 134, 215
Hills, Mr. R., disappearance of a medical assistant, 251
Hind, Mr. A., third attack of measles, 175
Hinton, Mr. J., introductory lecture at Guy's Hospital, 477
Hip-joint, amputation at the, for osteo-sarcoma, 229; excision of the, 735; amputation at the, recovery, 772
Hogg, Mr. J., nephritic retinitis, 760
Holland, Sir H., 314; death and obituary of, 634, 650; and the Royal Institution, 821
Holloway, Mr., munificence of, 23; the charities of, 98
Holmes, Dr. R. A. K., separation of the coronal suture without fracture, 618
——, Mr. T., lectures on the surgical treatment of aneurism in its various forms, 105, 142, 155, 443, 583
Holt, Dr. R., the cholera in London, 109
Holthouse, Mr. C., suggestions for a more scientific method of treating reducible hernia, 75, 145
Homœopathic preparations, poisonous, 784
Hope deferred, 853
Hop-picking, 429; the sanitary prospects of, 91, 170
Horse-racing and its risks, 428
Horses, a contagious venereal affection amongst, 251
Hospital dinners, 540
—— etiquette, 536
—— medical societies, 712
—— patients, cost of, 94; small fees from, 201; circumstances of, 572
—— practice, 817; a new field for, 605, 648, 708
—— ships, 642
—— stoppages, new regulations as to, 508
—— Sunday, 51, 126, 534, 613, 889; fund, 135, 168, 198, 572, 577; dispensaries and the, 854; election of secretary to the, 863; for the Isle of Man, 130
Hovell, Mr. D. de B., hysteria simplified and explained, 872
Howard, John, 880
Howden, Mr. J. C., grouse disease, 215
Hughes, Mr. R., what is the law? 103
Human remains in Irish bogs, 28, 175
—— table, a, 279
Hume, Dr. T., the therapeutics of chloral, 474
Hunt, Mr. E. G., a second-first climacteric, 796
Hunter, Dr. W. D., severe injury to the scrotum, 218
Hunterian Society, report of the, 441
Hutchinson, Mr. J., case of extra-uterine fœtation simulating ovarian dropsy, 71; successful case of abdominal section for intussusception, with remarks on this and other methods of treatment, 737
Huxley and Latham on education, 602, 608
Hyalitis, idiopathic, acute inflammation of the vitreous humour of both eyes, 505
Hybridism, 203
Hydrophobia, internal employment of carbolic acid in, 157
Hyett's prompt remedies for accidents and poisons, 679
Hymeneal membrane, imperforate, 13
Hyoscyamin, 456
Hyoscyamus, poisoning by, 8
Hypermegalia, progressive muscular, 421
Hypogastric lithotomy, 780, 807
Hysteria simplified and explained, 872
Hysteric anorexia, 49

Idra, a new, 98
Incontinence of urine, treatment of, 219; nocturnal, remarks on the treatment of, 414
Incremation and urn-burial, 830
India, British, medical service in, 241, 251; typhus fever in, 786; value of European life in, 815, 853; the famine in, 917
Indian medical service, 386, 580; pass-list of, 240, 320
—— medical warrant, the, 280
Infant Diet (review), 882
—— Life Protection Act, 641
—— mortality, 886; in France, 919
Infanticide, 519; as a fine art, 580
Infection, unsuspected sources of, 476
Infirmaries, mode of admission to, 406
Inman's Preservation of Health (review), 84
Innocents, slaughtered, 321
Innspruck, small-pox statistics at, 314
Insanity, on a new classification of, 606; and crime, 88; and "strikes," 466
International copyright, 747
Intestinal obstruction, 773
Intestine, abscess connected with, pyæmia, operation, death, 555
Introductories, the London, 530
Invalid travelling, 218
Iodic acid in hypodermic injections, 457
Iodoform, ethereal tincture of, 457
IRELAND.—The Rev. S. Haughton, 99—The medical commissioner of the Local Government Board, ib. — The Dublin police, ib. — Sanitary administration, ib. — Election of Lord Mayor, ib.—Candidates for the army medical service, 171 — Preparations for cholera, 171, 356 — The murder in Newtown-Stewart, 172 — Bad bread, 356—Removal of dead bodies, ib.—The potato blight, 357—Professional incomes, ib.—Medical women, 686 — Assault on the master of the Rotundo Hospital, ib.—Increase in the salaries of medical officers, 861 — Death-rate, ib. — Denominational physic, ib.
Ireland, cholera order for, 94; new Provincial Medical Society in, 248; Local Government Board of, annual report of, 306; lunacy in, 891; disease in, 920; Surgical Society of, 934
Iridectomy, double, at one blow, without injury to the lens in either eye, 839
Irides, tumours of both, iridectomy, 626, 879
Irish dispensary, practical working of an, 355
Iritis, rheumatic, treatment of, 506
Irwell, pollution of the, 573
Italian hospitals for scrofulous children, 322
—— prisons, 280

Jaap, Dr. J., stricture of the œsophagus treated by a new dilator, 769
Jackman, Mr. J. H., an appeal, 581
Jackson, Dr. J. H., remarks on vertigo, reeling, and vomiting from ear disease, 334
Jaeger's obituary by Wecker, 352
Jamaica, a tale of horrors from, 574
James, Dr. P., introductory address at London Hospital, 486
Japan, prostitution in, 545
Jaw, lower, successful removal of large fibro-cystic tumour of, 10; myeloid sarcoma of the, removed, with nearly all the alveolus of the left side, without opening the cavity of the nose into that of the mouth, 81; necrosis of the, 842
Jeaffreson, Mr. C. S., selected cases from ophthalmic practice, 412
Jerusalem, lying-in hospital at, 23
Jessop, Mr. C. M., impassable stricture, 831
Jex-Blake, Miss S., medical women, 608
Jockey training, 219
Johnson, Dr. G., poisoning by homœopathic "concentrated solution of camphor," 740; temporary albuminuria, the result of cold bathing, 812
Johnstone, Dr. D., the grouse disease, 446
——, Mr. E., a case of simultaneous fracture of the patellæ, 661
Joints, compound injuries to, 663
Jollye, Mr. E. W., chloroform in fatty degeneration, 321
Jonah, the whale of, 676
Jones, Mr. T. E., on the muscular subsurrus in relation to the fœtal heart-sounds, 557
Journal of Anatomy and Physiology (review), 881
Jurors, fining of, for non-attendance, 130

Kahn's museum, 918
Kant's Theory of Ethics or Practical Philosophy (review), 882
Kelk, Dr. J., obituary notice of, 65
Kemshead's Inorganic Chemistry (review), 882
Kennedy, Dr. H., the dose of the muriate of barytes, 29
Kent Medical Benevolent Society, 59
Kerr, Mr. E. W., case of extravasation of urine following an attack of fever, 229
Khiva, the fall of, 22
Kidney, malignant disease of, 113; tumour of the, 704
Kirby's phosphorus preparations, 631
Kirkman, Dr. J., transfer of lunatics from one asylum to another, 67
King and Queen's College of Physicians, medical curricula at, 383
King's College, soirée at, 61
Klebs, Dr., on tuberculosis, 269
Knee, and head of the femur, excision of the, 701
Knee-joint, extensive disease of the, amputation through the thigh, bloodless operation, recovery, 878
Knightsbridge barracks, 24

Labial hernia and their treatment, 767
Lackersteen, Dr. M. H., "a circular," 925
Ladies in the operating theatre, 689
Lady, a, with beard and whiskers, 756
—— doctors, 636
—— medical students, 21
Lahore to Yarkand (review), 631
Lamb, Mr. R., obituary notice of, 923
LANCET, THE, jubilee, 528
LANCET, THE, SANITARY COMMISSION.—Report on disinfectants, 119, 194—Report on the outbreak of scarlatina at Brentford, 467—Report on the outbreak of typhoid fever at Wolverhampton, 524—Report on sewage farms: Breton's farm, Romford, 561; Croydon, 667—Report on H.M.S. "Victor Emanuel," 754—Report on the Royal Albert Orphan Asylum, Collingwood-court, near Bagshot, 891
Lane, Mr. S. A., on tertiary syphilis and syphilitic cachexia, 118
Lankester, Dr., the Middlesex magistrates and, 644
Latham, Dr. P. W., convalescence in typhoid fever, 26, 134; on a suppurating hydatid cyst of the liver communicating with the left lung, 221; on Nervous or Sick Headache (review), 532; medical education, 575
——, Mr. B., Sanitary Engineering (review), 814
Laudanum, poisoning by, 634, 725
Law Courts, ventilation of, 23, 128, 919
Lawson, Mr. G., Diseases and Injuries of the Eye (review), 607
Leacock, Mr. C. G., wakes, 251

LEADING ARTICLES.

Port sanitary authorities and cholera, 15—Medical qualifications, ib.—Local medical inspectors and medical officers of health, 16—The Council of the College of Surgeons, 50—Withdrawal of Mr. Headlam's Bill, ib.—The cholera, 51, 90—The Metropolitan Hospital Sunday, 51, 602—Mr. Dalrymple's Bill, 52—Special hospitals, 86—The medical aspects of the Ashantee expedition, 88, 564—Insanity and crime, 88—The provident system in Manchester, 89, 122—An apology for Mr. Stansfeld, 122—St. Thomas's Hospital, 124—The success of our medical schools, 125—Mr. Stansfeld and the medical profession, 158—Female doctors, 159, 308, 636—The Wicklow chloroform case, 160—The port of London and the Public Health Act, 161—The British Medical Association, 197, 237—Sanitary science in Dublin, 197—The Hospital Sunday Fund and dispensaries, 198—Typhoid fever in Marylebone, 199, 342—Dr. Burdon-Sanderson on physiology, 238—Emigration and epidemic diseases, 239—The Premier and the profession, ib.—Dr Parkes on medicine, 270—Alleged dangers of sewage irrigation, 271—Mr. Wood's address in surgery, 272—Nature and action of the poison of Indian snakes, ib.—The lights and shadows of the British Medical Association, 306—The Ashantee war, 307, 394, 422, 458, 497, 634, 745, 884—Druggists and the prescriptions of medical men, 308—Beneficial restrictions to liberty of marriage, 343—The Royal Commission on Scientific Instruction, 344—Address to students, 365—The progress of cholera in Europe, 422—Recent advances in chemistry, 424—The physiological addresses, 459—Seamen's Hospital Society, ib.—Prof. Williamson's address, 460—A probable professional scandal, 461—The work of the medical session, 495—Mode of admission to infirmaries, 496—Unfaithful dispensing, 497—THE LANCET Jubilee, 528—Professor Lister and the germ theory, 529, 600—The London introductories, 530—Cholera and quarantine, 531—The termination of nerves in the sebaceous glands, 532—Lord Derby on imbecile training, 585—The Army Medical Warrant, 636, 671, 710—The Social Science Congress, 636—Crown nominations for the General Medical Council, 600—Huxley and Latham on education, 602—The Wolverhampton Town Council and THE LANCET, 605—A cholera retrospect, 604—Sir

Henry Holland, 634—Naval assistant-surgeons, 635—The disposal of sewage, 637—The public health, 671—The management of charitable elections, 672—Modern surgery, 673—Ethics and the medical corporations, 708—A new field for hospital practice, ib.—The Catholic University School, 709—The prevention of cholera, 710—Dr. Gwynne Harries, 711—Risks of medical inspectors, 744—Pettigrew on physiology, ib.—The new Postmaster-General, 746—Village water-supply, ib.—Duties and responsibilities of port sanitary authorities, 775—The health of Rome, ib.—The Permissive Bill and the Adulteration Act, 779—A new bloodless operation, 780—The value of European life in India, 815—Private practice as a field for clinical observation, 816—Effects of the introduction of air into the circulation, 817—Hospital practice, ib.—The Gold Coast Hospital Ship, 818—Medical education, 846—The anatomy of the serous membranes, 847—The education of midwives, ib.—Malaria, 848—The Fellowship of the College of Surgeons, 883—The means of arresting hæmorrhage, ib.—The Comitia of the College of Physicians, 885—The annus medicus 1873, 908

Lead-poisoning, a series of cases of, 146
Leared, Dr. A., Tangier as a winter resort, 491; Mogador as a winter resort for invalids, 588
Leavesden Asylum, the, 247
Leckie, Mr. J. L., foreign bodies swallowed by children, 761

LECTURES, ETC.

ANDERSON, Dr. M'C.:
Lectures on Clinical Medicine. Delivered in the Royal Infirmary of Glasgow.
Lecture II.—Cases illustrative of Pain as a Symptom of Disease, 73

BARWELL, Mr. R.:
Clinical Lectures on Infantile Paralysis and its resulting Deformities.
Lecture VII., 709

COURTEAU, Sir D.:
Address delivered on the occasion of the Distribution of Prizes in St. Mary's Hospital Medical School, on July 2nd, 1873, 409

FOX, Dr. T.:
Clinical Lecture on Tinea Sycosis, 141

HILTON, Mr. J.:
Introductory Lecture delivered at Guy's Hospital, October 1st, 1873, 477

HOLMES, Mr. T.:
Lectures on the Surgical Treatment of Aneurism in its various Forms. Delivered at the Royal College of Surgeons in June, 1873.
Lecture III., 105, 142
Lecture IV., 255
Lecture V., 443
Lecture VI., 583

HUTCHINSON, Mr. J.:
Clinical Lecture on a Case of Extra-uterine Fœtation simulating Ovarian Dropsy. Delivered on the 3rd of June, 1873, 71

LAWS, Mr. S. A.:
Lecture (Abstract of a) on Tertiary Syphilis and Syphilitic Cachexia. Delivered at St. Mary's Hospital, July 23rd, 1873, 118

LATHAM, Dr. P. W.:
Clinical Lecture on a Suppurating Hydatid Cyst of the Liver communicating with the Left Lung. Delivered at Addenbrooke's Hospital, Cambridge, 241

LEE, Dr. J. R.:
Lectures (Abstract of Two) on the Anatomy and Physiology of the Ovum in the Early Months of Pregnancy. Delivered at St. George's Hospital.
Lecture I., 549
Lecture II., 621

MAPOTHER, Dr. E. D.:
Introductory Address (Abstract of the) at the Royal College of Surgeons, Ireland, 655

MEADOWS, Dr. A.:
Lectures on Fibroid Tumours of the Uterus. Delivered at the Hospital for Women, Soho-square.
Lecture II., 1, 35

PAGET, Sir J.:
Clinical Lectures on the Nervous Mimicry of Organic Diseases. Delivered at St. Bartholomew's Hospital.
Lecture I., 511
Lecture II., 547
Lecture III., 619
Lecture IV., 727
Lecture V., 763
Lecture VI., 833

PARKES, Dr. E. A.:
Address in Medicine, delivered before the Annual Meeting of the British Medical Association, at London, in August, 1873, 177

PETTIGREW, Dr. J. B.:
A Lecture on the Relations of Plants and Animals to Inorganic Matter, and on the Interaction of the Vital and Physical Forces. Introductory to a Course of Physiology, 691

REYNOLDS, Dr. J. R.:
Lecture on the Classification of Diseases of the Nervous System, 405

SQUAREY, Dr. E.:
Lectures (Abstract of Two) on Flexions of the Uterus as a Cause of Dysmenorrhœa. Delivered at the Hospital for Women, Soho-square, 656, 729

THOMPSON, Sir H.:
An Address on the Future of Operative Surgery for Stone in the Bladder. Delivered before the Midland Medical Society at Birmingham, Nov. 8th, 1873, 607

TUKE, Dr. T. H.:
Address delivered at the Annual Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, August 6th, 1873, 446, 481

WATERS, Dr. A. T. H.:
Clinical Lecture on Aortic Insufficiency. Delivered at the Liverpool Royal Infirmary, 291

WILLIAMS, Dr. C. T.:
Clinical Lectures on Spasmodic Asthma. Delivered at the Hospital for Consumption and Diseases of the Chest, Brompton.
Lecture I., 325
Lecture II., 513

WOOD, Mr. J.:
Address in Surgery, delivered before the Annual Meeting of the British Medical Association, at London, in August, 1873, 182

Lee, Dr. R. J., on the anatomy and physiology of the ovum in the early months of pregnancy, 549, 621
Leeds, small-pox in, 685
Lees, Dr. L. H., notes on the Indian career of, 135
Legg, Dr. J. W., a case of anosmia following a blow, 629
Legs, compound comminuted fracture of both, fracture of the skull, amputation of the right thigh and left leg, recovery, 264
Leicester, the epidemic of small-pox at, 203; the coronership of, 280, 314; the railway accident at, 621
Leishman's Midwifery (review), 205
Le Maout and Decaisne's Botany (review), 308
Leprosy, 26; mission, a new, 163; the Beauperthuy treatment of, 339
Leslie's court-plaster, 632
Liebig, 33
Life assurance, fees in, 782; and sick allowance, 27; offices, the medical profession and, 68
Life-boats, moral, 137, 321
Light, physiological action of, 240, 276
Light Science for Leisure Hours (review), 631
Lightning-stroke, 383
Lincoln County Hospital, 611
Lingual and hypoglossal nerves, vaso-motor action of the, 312
Lipomata, means of diagnosing, 157
Lister, Mr. J., on antiseptic surgery, 353; and the germ theory, 529, 600
Lithotomy, unusually quick recovery, without suppuration of the wound, 265; rapid recovery after, 318; extraordinary, 677, 789
Liveing, Dr. E., on Megrim (review), 522
Liver, abscess of the, recovery after the abstraction of 106 oz. of pus by Dieulafoy's aspirator, 39; suppurating hydatid cyst of the, communicating with the lung, 221; hydatid cyst of the, 704; abscess of the, 843
Liver-cells, the albuminous substances of the, 508
LIVERPOOL.—The opening session, 685—The new buildings of the school of medicine, ib.
Liverpool, the coroner for, 130; drunkenness in, 139; health of, 408; port sanitary work at, 639; Hospital Sunday in, 680
Livre des Machabées, le, 830
Local Government Board, Report of the, 31, 95
Locomotor ataxy, rest in, 583
London and General Water-purifying Company, 30
——— Hospital, 918
———, port of, sanitary authority of, 280
———, University of, and the conjoint scheme, 90, 166, 719; pass-list of, 286, 723, 862; medical curricula at, 371
———, water-supply of, 91
Longevity, human, 347
Longmore, Mr. T., the Medical and Surgical History of the American War, 431
Lonsdale, Dr. H., the Worthies of Cumberland (review), 667
Love, Mr. G., obituary notice of, 794
Lowne's Philosophy of Evolution (review), 906
Lubbock's Origin and Metamorphosis of Insects (review), 844
Lucas, Mr. H., cancer of the rectum, with complete obstruction, colotomy, 139
"Lumbago" treated by the continuous galvanic current, and the rhythmical exercise of the affected muscles, 809
Lunatics, transfer of, from one asylum to another, 67; removal of, 786
———, pauper, the sanity of, 342; in workhouses, 822, 893
Lung, researches on the histology of the, and on pneumonia, 499
Lupus, case of, treated without caustic, 555
Lyons, Dr. R. T., dengue fever, 893

Maccall, Dr. T. S., treatment of incontinence of urine, 219
M'Crea, Dr. J., priority in the treatment of phthisis by rest, 617
MacEvers, Dr. J. F., "an enlightened pleantry," 725
Macewen, Dr. W., case of rupture of the bladder without external violence, 448
Machinery, killed and wounded by, 883, 926
Mackenna, Dr. J. W., diarrhœa in children, 333
Mackenzie, Col. Kenneth, 312
———, Mr. G. H., the subcutaneous injection of morphia, 806
McKeown, Dr. W. A., on partial staphyloma of the cornea and iris, 329
Maclaren, Dr. R. P., a case in which a live fish was swallowed and impacted in the œsophagus for thirty-four hours, emphysema, recovery, 163
Maclean, Dr. W. C., abscess of the liver, recovery after abstraction of 106 oz. of pus by aspiration, 39
M'Nab, Dr. R., case of high temperature in rheumatic fever, 341
M'Nally, Dr. G. W., an iron-wire folding fracture box, 660
Macpherson, Dr. J., notes on visits to foreign baths, 294, 412
M'Ternan, Deputy Inspector-General, obituary notice of, 923
Madeira, 65; for the sick and wounded, 853
Madras, lunacy in, 263
Magnesia, dressing with, 49, 102, 137
Malady, a new, 89
Malaria, 848
Malassez, M. L., de la Numération des Globules Rouges du Sang (review), 776
Male, Mr. H. D., catgut sutures, 28
Manby, Mr. F., vaccination awards, 169
MANCHESTER.—The provident system, 500—Election to hospital medical appointments, ib.—Owens College, ib.—The new school buildings, ib.
Manchester, medical relief at, 24; the provident system at, 89, 122, 132, 168; Royal Infirmary, 473
Mania from fire, 314
Mapother, Dr. E. D., introductory address at the Royal College of Surgeons, Ireland, 655
Marks' Companion to the Pharmacopœia (review), 13
Marley, Mr. R., unsuspected sources of infection, 476
Marriage, beneficial restrictions to liberty of, 343
Marsh, Mr. J., chloroform in fatty degeneration, 321
Marston, Dr. J. A., the "Victor Emanuel," 856
Marylebone, typhoid fever in, 315, 342, 440, 539
Massachusetts, Fourth Annual Report of the State Board of Health of (review), 11
Maternal impressions, 761
Matthews Brothers, clinical thermometers, 171
Maunder, Mr. C. F., a grave complication of typhoid fever, 449
Mauritius, the, 918
"Mauvais quart-d'heure, le," 312
Mayer and Meltzer, Messrs., clinical thermometers, 171
Mayhew, Mr. F., a strange story, 720, 791, 860
Meadows, Dr. A., on fibroid diseases of the uterus, 1, 35; on pelvic hæmatocele, 698, 693
———, Dr. R., obituary notice of, 793
Measles, third attack of, 130, 175, 219, 290; the epidemic of, 783
Medievalism in the sick ward, 498
Medical Act, vexatious use of the, 716
——— assistant, disappearance of a, 251
——— Bill, the, 50
——— Club, the, 865
——— Directory, the, 614
——— education, 575, 765, 801, 846
——— magistrates, 543
——— mayors, 772
——— men, and actions at law, 32
——— officers of health, duties of, 864, 926; and local medical inspectors, 15; and quarterly returns, 614, 647, 684, 864; districts and salaries of, 889; query for, 893
——— qualifications, 15
——— Reform Bill, 22
——— Register, the, 19
——— schools, success of the, 135

MEDICAL SOCIETIES.

CLINICAL SOCIETY. — Parasitic sycosis, 596 — Spasmodic asthma treated by chloral, ib.—Chronic Bright's disease in a syphilitic patient, 597—Poisoning by homœopathic "concentrated solution of camphor," 740—Remarkable case of death from meningeal congestion without inflammation, ib.—Temporary albuminuria, the result of cold bathing, 812—Case exemplifying Esmarch's mode of bandaging, ib.—Aneurism of the external iliac artery cured by pressure with Lister's abdominal tourniquet, 879—Sarcomata of both irides, ib.

MEDICAL SOCIETY OF LONDON.—Stricture of the œsophagus, 596 — Destruction of the entire penis by gangrene, 628—Stricture of the œsophagus, ib.—Aneurism of the aorta, 703—Pathology of asthma, ib.—Renal calculus, ib.—Removal of a portion of lint that had been accidentally introduced into the pleural cavity through an opening made for the evacuation of an empyema, 739—Scrofulous kidney, ib.—Case of intestinal obstruction, 773—The growth of cicatrices from wounds made in early life, and the supposed wearing out of cicatrices, ib.—Auriculo-systolic murmur, 811—Cases illustrating the use of the pneumatic aspirator in the treatment of effusions, ib.—Arrested development of the eyeball, 812—Congenital multilocular cyst in a child's neck, ib.—What is diphtheria? 904—On depressants of the circulation and their use, ib.

OBSTETRICAL SOCIETY.—Hypertrophic elongation of the cervix uteri at the full term of pregnancy, 114—The fillet, or loop, as an obstetric aid; with especial reference to a new modification of the instrument, 115—Complete uterus bicornis, ib.—Vesico-vaginal fistula, 557—On the muscular subsurrus in relation to the fœtal heart-sounds, ib.—On the spontaneous separation of the placenta when it is previa, ib.—Diagnosis of subacute ovaritis, ib.—Necrosis of the pubic bones, 775—Cure of flexions of the uterus by flexible stems, ib.—Spontaneous salivation associated with pregnancy, ib.—Common skin diseases of children, ib. — Intra-uterine tumour, 905.—Extra-uterine pregnancy, ib.—On the use of the intra-uterine stem in uterine disease, ib.

PATHOLOGICAL SOCIETY.—Traumatic separation of the epiphysis of the great trochanter, 629—Foreign body in the crico-thyroid pouch, ib.—Aneurism of the aorta, ib.—Hernia of the vermiform appendix, ib.—Obstruction of the biliduct, ib.—Hydatid cyst of the liver, ib.—Myeloid tumour of the femur, ib.—Tumour of the kidney, 704—Enlarged spleen and lymphatic glands, ib.—Hydatid cyst of the liver, ib.—Abscess of the liver, ib.—Fibroid degeneration of the heart, ib.—Spinal paralysis, 774—Cancer of the larynx, ib.—Scirrhus in the male breast, ib. —Injury to the ulnar nerve, ib.—Diseases in birds, 775—Necrosis of the lower jaw, 842—Lymphomatous growth in the trachea, ib.—Thickening of the pulmonary artery, ib.—Sclerosis, ib.—Abscess of the liver, ib.—Sarcoma of the omentum, ib.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—Imperfect development of the circular muscular fibres of the rectum and vagina, 595—Idiopathic hyalitis; acute inflammation of the vitreous humour of both eyes, ib.—Notes of a case of Duchenne's pseudo-hypertrophic muscular paralysis, with special reference to the temperature of the overgrown limbs, and with general remarks, 654—On the acoustic principles and construction of stethoscopes and ear-trumpets, ib.—Successful case of abdominal section for intussusception, with remarks on this and other methods of treatment, 737—Case of renal calculi, 810—Fatty degeneration of the contractile tissue of the uterus; nature of the cauliflower excrescence of the os uteri, ib.—Cases of disorderly muscular movements illustrating the uses of conium, 878—The successful treatment of aneurism by position and restricted rest, ib.

Medical students, new, 573, 609
——— titles, 509, 761
——— witnesses, payment of, 25; the Home Secretary on, 202
Medico-Psychological Association, Dr. H. Tuke's presidential address at the, 446, 481
Memphin fruentem sithonia nive, 760
Meningeal congestion, remarkable case of death from, without inflammation, 740
Meningitis, acute, in an infant; death, 415
Menzies, Dr. J. A., health of Naples, 889
Mercier, Capt. C., St. John's Hospital, 138, 252
Mercury in the human body, 429
Meredith, Dr. J., geophagie, 174
Mess expenses and uniform, 104
Metamorphosis of food and tissue in flesh and fat diet, 127
Methylene ether, death under, 23
Metropolitan Asylums Board, the, and the health of London, 128
——— dispensaries, 690
——— Free Hospital, 749, 796
——— health officer, a, 918
——— hospitality, 174
——— medical schools, changes at the, 368
——— sewage works, excursion to the, 246
Microscope, Half-hours with the (review), 631
Microscopic Objects, the Preparation and Mounting of (review), 882
Microscopical Journal (review), 844
Microtome, a new freezing, 108
Middlesex Hospital Medical Society, 716
Midwifery licences, 321
Midwives, the education of, 786, 847; for the poor, 926
Military cadets, health of, 888
——— hygiene, 502
Militia surgeons, conference of, 210
Milk, affectable and infectable susceptibility of, 283; and the microscope, 518; question, the, 589; adulterated, 629
Milk-supply and typhoid, 314
Mill, Mr. J., obituary notice of, 65
———, John Stuart, Autobiography of (review), 813
Miller, Dr. W. O., notes of a case of Duchenne's pseudo-hypertrophic muscular paralysis, with special reference to the temperature of the overgrown limbs, and with general remarks, 664
———, Memorial Home, 244
Millington's Selections for Latin Prose (review), 844
Mills, Mr. S., foreign body in the large intestine, 253
Milroy, Dr. G., leprosy, 26
Mimicry, nervous, of organic diseases, 511, 547, 619, 727, 763, 833

MIRROR OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

ADDENBROOKE'S HOSPITAL. — Ovariotomy; a drainage-tube passed from the peritoneal cavity through the vagina, 556

BATH ROYAL UNITED HOSPITAL. — Aneurism of posterior tibial artery treated by pressure; recovery, 301 — Diffused aneurism of the right popliteal artery; ligature of the femoral; secondary hæmorrhage; ligature of the external iliac; secondary hæmorrhage; gangrene of the foot and leg; amputation; death, 594

BELFORD HOSPITAL, FORT WILLIAM. — Suspected malignant stricture of the œsophagus; relief under the administration of bromide of potassium and the tincture of the muriate of iron, 45 —Case of purpura, 336—Chronic enlargement of leg; aguish symptoms; administration of salicin; relief, 599

BIRMINGHAM GENERAL HOSPITAL. — Ligature of the femoral artery for punctured wounds, 737

BRISTOL GENERAL HOSPITAL. — Cerebral meningitis, with formation of pus beneath the arachnoid, 81 — Prussic acid poisoning; death; autopsy, 522—Abscess of the brain, 877

BURTON-ON-TRENT INFIRMARY. — Excision of the head of the femur, 453

CALCUTTA PRESIDENCY GENERAL HOSPITAL. — A case of empyema treated antiseptically, 809

CHARING-CROSS HOSPITAL. — Myeloid sarcoma of the upper jaw removed, with nearly all the alveolus of the left side, without opening the cavity of the nose into that of the mouth, 84—Clonic torticollis treated by the continuous galvanic current and the rhythmical exercise of the affected muscles, 530—Hereditary exostoses, 771—Case of "lumbago" treated by the application of the continuous galvanic current, and the rhythmical exercise of the affected muscles, 899

DEVON AND EXETER HOSPITAL. — Amputation at the hip-joint; recovery, 772

DUNEDIN HOSPITAL. — Fracture of the coracoid process of the scapula by muscular action, 737

EDINBURGH ROYAL INFIRMARY. — Perimetritis and parametritis, 44 — Spasmodic dysmenorrhœa, 336

ERITH, CRAYFORD, AND BELVIDERE COTTAGE HOSPITAL. — Compound injuries to joints; recovery, 663

GUY'S HOSPITAL. — Cases of popliteal aneurism, 113—Blow on the head; epileptic fits; trephining; cure, 300 — Disease of the hip-joint; excision, 735 — Remarks on the tuberculous and strumous diatheses, 807—Probable sanguineous effusion between the membranes of the brain, the result of an injury to the head; lead-poisoning; recovery, 876

HIGHGATE INFIRMARY. — Amputation at the shoulder-joint for ununited fracture of the humerus, 521

HÔTEL DIEU.—Extra-uterine and intra-peritoneal pregnancy, with a fœtus of six weeks; hæmorrhagic peritonitis; symptoms simulating internal strangulation complicated with peritoneal phenomena, 230

KILBURN DISPENSARY. — Malignant disease of kidney, 113

KING'S COLLEGE HOSPITAL. — Three cases of ectopia vesicæ; operation; relief, 9 — Strangulated congenital inguinal hernia; operation, with radical cure, 335 — Tumours of the thigh, 809

LEEDS GENERAL INFIRMARY.—Case of celotomy; cure, 736—Cystic enlargement of thyroid body; extirpation; recovery, 841

LIVERPOOL ROYAL INFIRMARY. — Removal of a large fibro-cystic tumour of the lower jaw; recovery, 10

LIVERPOOL WORKHOUSE HOSPITAL. — Acute inflammation of the spleen; abscess; peritonitis; death, 264—Four cases of cholera, 452 — Latent syphilis preventing union of fractured tibia for upwards of seven months; rapid recovery under specific treatment, 627

LONDON HOSPITAL. — Pseudo-hypertrophic paralysis, 44—Two cases of rodent cancer, 263—Remarks on cases of vertigo, reeling, and vomiting, from ear disease, 334—On hemiplegia, with paralysis of the third nerve, ib. — Curvature of the spine; paraplegia; recovery, 414—Remarks on the utterance of the soft explosive consonants in (diphtheritic) paralysis of the palate, 735—Remarks on limited convulsive seizures, and on the after-effects of strong nervous discharges, 840

MALE LOCK HOSPITAL. — Obstinate serpiginous ulceration cured by continuous bath and the internal administration of opium, 300

MANCHESTER ROYAL INFIRMARY.—Colloid cancer of abdomen in a man, simulating ovarian dropsy, 152 — Complete paraplegia from a fall, with recovery, ib. — Treatment of intra-thoracic aneurism by electrolysis, 264

MIDDLESEX HOSPITAL. — Two cases of angular curvature of the spine, 151 — Cases of hernia, 592, 662

MUTTRA CITY HOSPITAL, N.W. PROVINCES, INDIA. —Lithotomy; unusually quick recovery, without suppuration of the wound, 265

PITIÉ (LA) HÔPITAL.—Senile gangrene of the foot cured by the oxygen bath, 152—Tumour of the larynx and pharynx; tracheotomy; recovery, 153 — Removal of naso-pharyngeal tumour by the galvano-caustic wire and knife, ib.

PLYMOUTH NAVAL HOSPITAL. — Aneurism of the posterior tibial artery; compression; ligature; gangrene; amputation; recovery, 809

ROYAL FREE HOSPITAL.—Dislocation of the tendon of the sartorius muscle, 662—Excision of the tongue, leaving the floor of the mouth entire, ib.

ROYAL INFIRMARY FOR CHILDREN, WATERLOO-ROAD.—Subperiosteal excision of the hip; recovery, 772

ROYAL LONDON OPHTHALMIC HOSPITAL.—Diphtheritic conjunctivitis; sloughing of the cornea; recovery, 10

ROYAL SOUTH HANTS INFIRMARY. — Case of pseudo-hypertrophic paralysis (of Duchenne), 113

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Nephritic retinitis, 701

ST. BARTHOLOMEW'S HOSPITAL.—Popliteal aneurism; ligature of the femoral; gangrene three weeks after; separation of four toes; recovery, 43—Large osteo-sarcoma springing from beneath the periosteum of the middle and outer side of the right femur; amputation at the hip-joint; recovery, 229 — Nephritic abscess opened from the back, 772

ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.—Compound comminuted fracture of both legs; fracture of the skull; amputation of the right thigh and left leg; recovery, 264—A series of multiple fractures, 593

ST. GEORGE'S HOSPITAL.—Tumours of both irides; iridectomy, 626

ST. MARY'S HOSPITAL, MANCHESTER. — Twelve cases of ovariotomy, 416

ST. THOMAS'S HOSPITAL.—Acute meningitis in an infant; death, 415—Abscess connected with intestine; pyæmia; operation; death, 555—Diphtheria; tracheotomy; high temperature; death, 771

SEAMEN'S HOSPITAL, GREENWICH. — Compound fractures of left femur and tibia; dislocation of left hand; amputation of injured lower extremity; recovery, 627

STANLEY HOSPITAL, LIVERPOOL.—Extensive disease of the knee-joint; amputation through the thigh; bloodless operation; recovery, 878

STEEVENS'S HOSPITAL, DUBLIN. — Two cases of bayonet wounds, 62

UNIVERSITY COLLEGE HOSPITAL.—Four cases of epithelioma of the tongue; removal by the galvano-écraseur, 80—Abscess between the dura mater and the skull, with persistent fever, 228—Penetrating gunshot wound of the abdomen; injury to the spleen, stomach, and liver; death, 450—Case of lupus treated without caustic, 555—Axillary aneurism; compression; cure, 700
VICTORIA HOSPITAL FOR CHILDREN.—Excision of the knee and head of the femur, 701
WEST LONDON HOSPITAL.—Retention of urine with dribbling, from impassable stricture, successfully treated by leeching and filiform whalebone bougies, 451 — Retention of urine from stricture complicated with a false passage leading to a sac; relief of retention and cure of the stricture, 677
WESTMINSTER HOSPITAL. — Incarcerated hernia; operation; radical cure, 841 — Case of fatty tumour of the forearm removed by the bloodless operation, 809
WHITWORTH HOSPITAL, DUBLIN.—Case of purpura, 557

Mogador as a winter resort for invalids, 588
Moore, Dr. T., vaccination in the provinces, 897
——, Mr. E., obituary notice of, 64
More, Dr. J., the old and the new psychology, 77; on the use of the forceps in midwifery, 500
Morgan, Dr. Frances E., medical women, 897
Morphia suppositories and uræmia, 69
——, subcutaneous injection of, 831, 896
Morris, Dr. E., the election to the Council of the College of Surgeons, 61
——, Mr. H., introductory address at Middlesex Hospital, 467
Morrison, Dr. J. H., infanticide a fine art, 580
Mortality, returns of, 362
Mother, a young, 852
Moust, Dr. F. J., the Ashantee war, 683
Moutray, Mr. C. D., "dear dirty Dublin," 97
Moxon, Dr. W., on the immediate causes of the changes of the heart as produced in endocarditis, 622
Multilocular cyst, congenital, 812
Mumps, nature of, 14
Muriate of ammonia, inhalations of, in chronic affections of the chest, 777
—— of baryta, the dose of, 28
Murphy, Dr. W. K., on the action of chloral hydrate, 150, 191
Murray, Dr. J., obituary notice of, 577
——, Dr. J. C., human remains in Irish bogs, 28
Muscle, effects of section of motor nerves on, 310
Mushroom-poisoning, 501
Mustard, the adulteration of, 606
Myers, Dr. A. B. R., the autumn manœuvres, 317

Name, change of, 508
Naples, health of, 713, 780, 850
Naso-pharyngeal tumour removed by the galvano-caustic wire and knife, 153
Naval assistant-surgeons, 635, 642
—— medical service, 216, 242, 284, 354, 367, 434; the right of resignation from the, 146, 190, 213
—— medical warrant, the, 98
Navy, health of the, 647; insanity in the, 680; manning of the, 715; heart disease in the, 717
Neal, Mr. B., chloral hydrate, 289
Neck, congenital hæmatoma of the, 633
Nélaton, M., 537; obituary notice of, 472
Nephritic abscess opened from the back, 773
Nerve to muscular fibre, the relative proportions of, 786
Nervous system, classification of diseases of the, 405
Nessler test, the, 103
Neuria, 244
NEWCASTLE-ON-TYNE. — The mortality of Newcastle, 721—Scarlatinal infection from milk, ib. — Death-rate of Newcastle, 804 — Removal of entire tongue by galvanic écraseur, ib.—The late Mr. A. Hancock, ib.—Case of alcoholic poisoning, ib.
Newham, Dr. T., vaccination awards, 316
NEW INVENTIONS. — Arnold and Sons' improved patent waterproof padding for splints and for making splints, &c., 457 — A new uterine stem, 632 — Leslie's pliable court plaster, ib. — New pliable adhesive plaster, ib.—Savory & Moore's medical and surgical companion, 844—Chesvin's water filter, ib. — Matthews Brothers' new "septic" cautery lamp, 907
NEW YORK.—The cholera in America, 99
Nichol, Dr., obituary notice of, 793
Nicholas, Dr. G. E., evanescence of cicatrices, 103; the fly in its sanitary aspect, 724
Nitre, sweet spirits of, 819
Nitrous oxide as an anæsthetic, 857
Noel, Mr. R. R., the cholera in Dresden, 139
North Cambridgeshire Cottage Hospital, 573
—— of Scotland Medical Association, 262
Norton, Mr. S., slaughtered innocents, 321
Norwich, the gratuitous and provident system at, 475, 506; Friendly Societies' Medical Institute, 477
Nouveau Dictionnaire de Médecine et Chirurgie Pratiques (review), 453
Noxious vapours, 749
Nuisances, medical evidence on, 572

OBITUARY.—Dr. Otto Wucherer, 29—John Charles Savory, M.R.C.S., ib. — Dr. J. A. Parefoy Colles, ib.—Dr William Collum, ib.—Robert Pentland, F.R.C.S.I.—Edward Moore, J.P., F.R.C.S., 64—Jas. Mill, L.R.C.S.E., ib.—Wm. Cwaleon Warne, M.B., M.R.C.S., ib. — John Kelk, M.D., ib. — Geo. Fabian Evans, B.A., M.D., F.R.C.P.L., 436 — John Adams Bolton, M.D., M.R.C.S., 437 — John Miller Pirrie, M.D., J.P., 438 — William Barker, M.D., ib. — Auguste Nélaton, 472 — M. Coste, 507 — John Murray, M.D., 577 — John Thurnam, M.D., 615—Sir Henry Holland, Bart., M.D., F.R.S., D.C.L., 650 — Robert Wm. Smith, M.D. Dub., 686 — John Butterworth Walker, M.R.C.S., 687 — Gwynne Harries, M.D., 732 — Dr. Robert Meadows, 793—Prof. H. C. Cateliffe, F.R.C.S., ib. — Dr. Robert Nicholl, ib. — Gilbert Love, M.R.C.S., 794 — Alex. Douglas Taylor, ib. — Dr. H. W. Fuller, 922 — Thomas Turner, F.R.C.S., ib. — Louis Agassiz, ib. — Deputy Inspector-General J. McTernan, 923—Robt. Lamb, L.R.C.P., ib. — Thomas H. Whitaker, M.R.C.S., ib.—William Dalton, M.R.C.P., ib.
Odell, Mr. W., death from the sting of a wasp, 333
Œsophagus, suspected malignant stricture of the, relief by bromide of potassium and muriate of iron, 45; a case in which a live fish was swallowed and impacted in the, for thirty-four hours, 103; foreign body in the, thrown up spontaneously, 200; stricture of the, 586, 628; stricture of the, treated by a new dilator, 760
Ogle, Dr. J. W., on Hereditary Transmission of Structural Peculiarities (review), 117; milk and the microscope, 518; fatal epidemic (typhoid?) disease among fish whose blood during life contained bacteria, 667
Oliver's Botany (review), 47
Omentum, sarcoma of the, 843
Operative surgery, the attainable limits of, 834
Ophthalmia in schools, 61, 825; contagious ophthalmia, as influenced by the arrangements of workhouses and pauper schools, 871, 900
Ophthalmic and general hospitals, 93
—— surgery in pauper schools, 925
Opium, the sale of, in deadly quantities, 428, 689
Orchard, Mr. J. C., medical women, 762
Ord, Dr. C. K., the naval medical service, 354
Ovariotomy, cases of, 416; five weeks after confinement, death, 493; drainage-tube passed from the peritoneal cavity through the vagina, 556; clamp, 628
Ovaritis, subacute, diagnosis of, 553
Ovum, on the anatomy and physiology of the, 549, 631
Owens, Dr. J. B., the mayoralty of Dublin, 137
——, Mr. E. M., on the sanitary arrangements in the hop-picking districts, 170
Owens College, Manchester, 535, 577
Oxalic-acid calculi, formation of, 40
Oxford University, regulations of, 370; open scholarships at, 687
Oxygen as an auxiliary in promoting artificial respiration, 471
Ozonisation of air in the sick room, 341

Paget, Sir J., 609; testimonial to, 29, 63; on nervous mimicry of organic diseases, 511, 547, 619, 737, 763, 883
Pain as a symptom of disease, cases illustrative of, 73
Palate, on the utterance of the soft explosive consonants in paralysis of the, 735
Paracentesis vesicæ supra pubem, 760
Paralysis, pseudo-hypertrophic, 44
Paraplegia, complete, from a fall, recovery, 183
PARIS.—Dr. Tholozan on the origin of pest, 135 —Researches in the nature of fish, ib.—Army matters, ib.—Albuminous expectoration after thoracentesis, 215—Illness of M. Littré, 310—M. Nélaton, 288, 439—Health of the city, 286—Gen. Morin on military hygiene, 319—Baby-farming, ib. — Hippophagy, 320 — The Hôtel Dieu, 357—Water-pipes, ib.—Extra-mural interment, ib.—Cholera in Paris, 434, 506—The Assistance Publique, 436—Protection of infant life, 438, 682—French mineral waters, 436—Burial of Nélaton, 506—The Hôpital des Cliniques, 649—The cholera, ib.—School of Medicine, ib., 757—Epidemic of suicide, 721—A mysterious epidemic, 722—A distinguished lady medical student, ib.—Ammonia in the atmosphere, 757—Transference of the administration of the lunatic asylums of Paris, 792—Weekly mortality, ib.—Register of the Morgue, ib.—Alteration in the examinations of officers de santé, ib.—Anecdote of Nélaton, ib.—Condition of the Paris police-stations, ib.—The late Comte de Flavigny, 793—Vaccination in Paris, 861—The chair of embryogeny, 862
Paris Faculty of Medicine, 680
—— Society for the Protection of Children, 538
Parish mortuaries, 343
Parker, Mr. C. R. G., on sulphurous acid as a remedy for cholera, 829
Parkes, Dr. E. A., "Manual of Practical Hygiene," 128, 169; address in medicine delivered before the British Medical Association, 177, 270
Pasteur, an experiment in favour of, 180
Patchett, Mr. W. A., effects of carbolic acid on the urine, 262
Patella, simultaneous fracture of the, 661
Patient, a grateful, 752
Pavement, noiseless, 640, 676
Pearse, Mr. E. S., case of Amussat's operation, 554
Peculiar people, the, 753
Pembroke, medical officer of health for, 280, 852, 921
Penis, destruction of the entire, by gangrene, 629; bloodless operations on the, 682
Pentland, Mr. R., obituary notice of, 30, 350
Pericardium, hæmorrhage of the, consecutive on hæmorrhage of the left ventricle, 167
Perimetritis and parametritis, case of, 44
Perineum, rupture of the, and prolapse of the womb, on the operation for, 79; injury to the, 254
Peitenkofer, Prof. Max von, on cholera, 310; the Relations of the Air to the Clothes we wear, &c. (review), 336; on food, 426
Pettigrew, Dr. J. B., on the relations of plants and animals to inorganic matter, and on the interaction of the vital and physical forces, 691, 744, 788, 855
Pharmaceutical Society, 535
Pharmacopœia, a universal, 254, 351
Phthiriasis, the diagnostic sign of, 903
Phthisis, pulmonary, curability of, 209; iodide of mercury in, 599
Physiological address at the British Association meeting, 459
Piggott, Dr. W. C., remarkable mortality among cattle, 807
Pilgrimages, pathology of, 164
Pirrie, Dr. J. M., obituary notice of, 438
Pit districts, medical practice in, 641
Placenta, on the spontaneous separation of the, when it is previa, 553
Plague-spot obliterated, a, 918
Plants and animals, a lecture on the relations of, to inorganic matter, and on the interaction of the vital and physical forces, 691
Playfair, Dr. L., as Postmaster-General, 746
Pleural cavity, removal of a portion of lint that had been accidentally introduced into the, through an opening made for the evacuation of an empyema, 730
Plexus choroideus, nerves of the, 583
Plymouth, professional remuneration at, 630, 803, 921
Pneumatic aspirator, use of, in the treatment of effusions, 611
Poincaré, Dr., Leçons sur la Physiologie Normale et Pathologique du Système Nerveux (review), 630
Police, health of the, 374; the, and the public, 675; as inspectors of nuisances, 867
Police-cell, death in a, 60
Police-cells, metropolitan, report upon, 196
Pollution of Rivers Bill, 160
Polo match, a great, 167
Poor-law doctors, the risks of, 888
—— guardians and union surgeons, 430
—— medical officers of England, meeting of, 130
—— medical relief, 475
Popular advice gratis, 310
—— Science Review (review), 118
Port of London, the medical officers of health for the, 161, 165; sanitary work in the, 537
—— sanitary authorities, 464; duties and responsibilities of, 778
Post-mortems at coroners' inquests, 642, 710
Post-office Directory (review), 882
Post-partum hæmorrhage, ergotine in, 253
Potable water, examination of, 863
Potteries, health officers in the, 92, 174
Pseudo-hypertrophic paralysis of Duchenne, 113
Psychology, the old and the new, 77
Practitioner, the (review), 693
Prah river, the disaster on the, 429; the last expedition to the, 689
Prance, Dr. C. R., professional remuneration, 698
Preliminary examinations, 277
Presbyterian Hospital, New York, 60
Prescription of unusual doses, 490, 546, 752, 795, 898
Preston, fever in, 738
Prizes at the medical schools, 283
Professional danger, a, 883
—— remuneration, 638, 682, 690, 720, 757, 793, 850, 883, 921
—— scandal, a probable, 461
—— sketches: the consulting physician, 909
—— testimony, conflicting, 918
Propagable diseases, the non-disclosure of, 349
Propylamine, value of, 175
Provident dispensary in court, a, 347; another, 437

Provident system, the, 274
Provincial schools, addresses at the, 560
Prussic acid poisoning, fatal, 522
Public health, the, 671; Act, the, 59, 66, 287, 360, 428, 678, 758, 895
—— responsibilities of public officers, 535
Pulmonary apoplexy, unilateral, dependent on cerebral hæmorrhage, 421
—— artery, thickening of the, 842
Pulse and temperature, singular case showing exact correspondence of, 362
Purdon, Dr. H. S., the cutisector, 441
Purpura, cases of, 336, 557
Purulent infection after extraction of a tooth, 777
Pyæmic wounds, 280

Quarantine, 725
Queen's Hospital and the artisans of Birmingham, 714
Queen's University, Ireland, 758; pass-list of, 30, 65, 723; medical curricula at, 376
Quekett Microscopical Club, 173
Quinine, succedanea of, 14
Quinlan, Dr. F. J. B., introductory address at St. Vincent's Hospital, 718

Radford, Dr. T., cephalotripsy, 505; bloodless operations, 576
Railway accidents, 429, 607, 670
—— travelling, 508
Rand, Mr. J., professional remuneration, 682
Rattray, Dr. A., earth as a surgical application, 26
Rebellion, 1861-65, Medical and Surgical History of the (review), 302
Recruiting in France, 53
Recruits, chest measurement of, 21
Rectification, a, 751
Recto-vaginal fistula, 734
Rectum, cancer of the, with complete obstruction, colotomy, 139; on the extirpation of the lower extremity of the, 632; and vagina, imperfect development of the circular muscular fibres of the, 595
Red Cross conference, 571
Reed, Dr. S. C., street accidents and the police, 251
Reformer, a new medical, 168
Refrigerating apparatus, a new, 647
Registers of health, 240
Registration of births and deaths, 94
Reid, Dr. D. A., "a gratuitous medical officer of health," 921
Renal calculi, 810
Reoch, Mr. J., monthly prevalence of diseases, 225
Retinitis, nephritic, 701, 769

REVIEWS AND NOTICES OF BOOKS.

Mechanism of the Ossicles of the Ear and Membrana Tympani: by H. Helmholtz; translated by A. Buch and Normand Smith, 11 — Fourth Annual Report of the State Board of Health of Massachusetts, ib. — Notes on Asthma: its Nature, Forms, and Treatment; second edition: by John C. Thorowgood, M.D., 12 — Practical Examples in Quantitative Analysis; forming a Concise Guide to the Analysis of Water, &c.: by Ernest Francis, F.C.S., ib. — Botanical Companion to the British Pharmacopœia: by Hyman Marks, L.R.C.S.I., ib. — Cooper's Dictionary of Practical Surgery and Encyclopædia of Surgical Science; new edition: by Samuel A. Lane, assisted by eminent Surgeons; Vol. II. (second notice), 46 — Our Library Table, 47, 84, 117, 233, 338, 455, 631, 744, 844, 882 — Memoir of Sir J. Y. Simpson, Bart., M.D., D.C.L. Oxon.: by J. Duns, D.D., F.R.S.E., 83 — Clubfoot: its Causes, Pathology, and Treatment; second edition: by W. Adams, F.R.C.S., 116 — Autumnal Catarrh (Hay Fever): by Morrill Wyman, M.D., 117 — Traité Théorique et Pratique des Maladies de l'Oreille et des Organes de l'Audition; 2me edition: par le Docteur J. P. Bonnafont, 153 — A Treatise on the Diseases of the Tongue; by W. Fairlie Clarke, F.R.C.S., 155 — Du Traitement des Plaies en général et en particulier d'un mode nouveau de Pansement Antiseptique par le Coal-tar et le Charbon: par le Dr. Louis Beau, 193 — An Inquiry into the Theory and Practice of Antiseptic Surgery: by James Cumming, M.D., ib. — Tablets of Anatomy and Physiology: by Thos. Cooke, F.R.C.S., 194 — The Monthly Microscopical Journal for July, ib. — Experimental Researches on the Causes and Nature of Catarrhus Æstivus (Hay Fever or Hay Asthma): by C. H. Blackley, M.R.C.S. Eng., 231 — Contrasts, 232 — A System of Midwifery, including the Diseases of Pregnancy and the Puerperal State: by Wm. Leishman, M.D., 265 — Hays' American Journal of the Medical Sciences, No. 131, New Series, 266 — The Medical and Surgical History of the War of the Rebellion, 1861-65; Part I., 302 — A General System of Descriptive and Analytical Botany; translated from the French of E. Le Maout, M.D., and J. Decaisne, by Mrs. Hooker: Orders arranged, with Appendix &c., by J. D. Hooker, C.B., F.R.S., 303 — Clinical and Pathological Observations in India: by J. Fayrer, M.D., &c., 337 — Manual for Medical Officers of Health: by Edw. Smith, M.D., 338 — The Relations of the Air to the Clothes we wear, the House we live in, and the Soil we Dwell on: by Prof. Max von Pettenkofer; abridged and translated by Augustus Hess, M.D., ib. — Clinique Chirurgicale de l'Hôpital de la Charité: par Professeur L. Gosselin, 417 — Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques; Tome XVII., 453 — On Megrim, Sick Headache, and some allied Disorders; a Contribution to the Pathology of Nerve-Storms: by Edwd. Liveing, M.D. Cantab., 522 — On Nervous and Sick Headache; its Varieties and Treatment: by P. W. Latham, M.D., ib. — On the Convolutions of the Human Brain: by Dr. Alex. Ecker; translated by John Galton, 524 — A Treatise on the Pneumatic Aspiration of Morbid Fluids: by Dr. Georges Dieulafoy, 560 — Origine de la Syphilis: par Dr. Edmond Bassereau, 560 — Eléments de Chirurgie Clinique; comprenant le Diagnostic Chirurgical, les Opérations en général, les Méthodes Opératoires, l'Hygiène, le Traitement des Blessés et des Opérés: par J. C. Felix Guyon, 597 — Quantitative Chemical Analysis: by T. E. Thorpe, Ph.D., 598 — A Theory of the Causation, and Suggestions for the Prevention, of Dysentery: by Mucor, ib. — My Garden: its Plan and Culture, &c.; second edition: by Alfred Smee, F.R.S., 599 — Leçons sur la Physiologie Normale et Pathologique du Système Nerveux: par le Docteur Poincairé, 630 — On the Functional Diseases of the Renal, Urinary, and Reproductive Organs: by D. Campbell Black, M.D., 666 — The Worthies of Cumberland: by Henry Lonsdale, M.D., 667 — Diseases and Injuries of the Eye: by George Lawson, F.R.C.S., ib. — De la Régénération des Organes et des Tissues en Physiologie et en Chirurgie: par J. H. Demarquay, 705 — St. George's Hospital Reports, Vol. VI., 706 — Report on the Cholera Epidemic of 1872 in Northern India: by J. M. Cunningham, M.D., 707 — A Manual of Midwifery, including the Pathology of Pregnancy and the Puerperal State: by Karl Schrœder; translated from the third German edition by Chas. H. Carter, M.D., 741 — Du Cuivre contre le Choléra; Rapport Officiel de M. le Dr. Vernois sur l'Immunité Cholérique des Ouvriers en Cuivre: Instruction pour le Traitement Préservatif et Curatif par le Dr. V. Burg, ib. — The Pearl of the Antilles; or, the Artist in Cuba: by Walter Goodman, 742 — A Handbook of the Theory and Practice of Medicine: by Fred. T. Roberts, M.D., B.Sc., 776 — De la Numération des Globules Rouges du Sang: par L. Malassez, ib. — Mission from Cape Coast Castle to Ashantee: by the late T. Edward Bowdich, Esq.; new edition, with Preface by his Daughter, Mrs. Hale, 777 — Autobiography of John Stuart Mill, 813 — Sanitary Engineering; a Guide to the Construction of Works of Sewerage and House Drainage, with Tables for facilitating the Calculations of the Engineer: by Baldwin Latham, C.E., M. Inst. C.E., 814 — My Diary during the last great War: by W. H. Russell, 843 — The Journal of Anatomy and Physiology; No. 13: edited by Profs. Humphry and Turner, 881 — Kant's Theory of Ethics or Practical Philosophy: translated by Thos. Kingsmill Abbott, M.A., 882 — History of the American Ambulance established in Paris during the Siege of 1870 71: by T. W. Evans, M.D., 906 — The Philosophy of Evolution: by B. T. Lowne, M.R.C.S., ib. — Ashanti and the Gold Coast: by Vice-Admiral Sir J. D. Hay, 907 — Pheasants for the Coverts and the Avaries: by W. B. Tegetmeier, F.Z.S., ib.

Reynolds, Dr. J. R., classification of diseases of the nervous system, 405
Rheumatic fever, case of high temperature in, 341
Richards, Mr. S. M., fever at Brentford, 542
Richardson, Dr. B. W., stricture of the œsophagus, 596, 628
Richmond, sanitation and common sense at, 714; Park, the outrage in, 203
Ridpath, Mr. E. M., a sad case, 680
Ringer, Dr. S., the accidental poisoning of Dr. Sharpey, recovery, 409
Ringworm treated by oleate of mercury, 227; suspected, 735
Ritchie, Dr. C. C., enlargement of the spleen from rickets simulating malignant disease of the kidney, 6
Rivers, pollution of, 243
Roberts, Dr. F. T., Handbook of Medicine (review), 776
——, Mr. T., testimonial to, 878
Roche, Dr. J., cure of a large varicose ulcer by tanning with baboo! bark, 448
Rochefort, Henri, 243
Rodent cancer, two cases of, 263
Rodwell's Natural Philosophy (review), 48
Rogers, Dr. J., case of charbon, 42
Rokitansky, Prof, 502
Rome, science in, 675; health of, 724, 778
Rose, Dr. J., health officers and quarterly returns, 647
Ross, Dr. J., Dr. Pettigrew on vitality, 780
Ross Hospital, the, 680
Rossall School, the inquest at, 827
Routh, Dr. C. H. F., on the use of the intra-uterine stem in uterine disease, 905
Royal Albert Asylum for Idiots, 532
—— Albert Orphan Asylum, report on, 891
—— College of Physicians of London, 165; conversazione at, 22; pass lists of, 172, 216, 249, 687, 894; regulations of, 377; the comitia of, 865, 862;—of Edinburgh, medical curricula at, 381;—of Ireland, 651; pass-list of, 615, 924
—— College of Surgeons of England, the, 633, 819, 862; the museum of, 14; election of councillors, 17, 50, 615; examiners of, 22; pass-lists of, 30, 100, 172, 286, 758, 794, 862; the annual elections at, 59; statistical report of primary and pass examinations for the diploma of member of, 97; income of, 711; and preliminary examinations, 849; the fellowship of, 883; regulations of, 378; the primary examinations of the, 433;—of Edinburgh, 615; medical curricula at, 381;—of Ireland, pass-list of, 249; medical curricula at, 383
—— Medical and Chirurgical Society, 716, 796, 854
—— Society medals, 758
Rural sanitation, 640
Russell, Dr. J. B., small-pox in Glasgow, 432
Russell's Diary of the War (review), 843
Russia, mortality statistics of, 759; epizootics in, 833
Rutherford, Dr. W., a new freezing microtome, 108; and the newspapers, 577
Ruttledge, Mr. T. E., Prof. Virchow, 133

St. Andrews Medical Graduates' Association, 924
—— University, 165; medical curricula at, 375
St. George's Hospital Reports (review), 706
—— (Hanover-square) Provident Dispensary, 653
St. John's Hospital, 127, 138, 174, 288, 252, 323, 606
St. Mary's Hospital, 19; school, Sir Dominic Corrigan's address at the, 469
St. Thomas's Hospital, 23, 94, 124, 166; Medical and Physical Society, 642
St. Pancras guardians, the, and Dr. Purcell, 462, 501, 572
St. Petersburg, small-pox in, 59; sewerage of, 822
Sala, Mr. G. A., health of, 24
Salicin, administration of, in aguish symptoms associated with chronic enlargement of the leg, 890
Salivation, treatment of, by atropia, 853; spontaneous, associated with pregnancy, 775
Sait and Son, Messrs., clinical thermometers, 179
Salter, Mr. J. H., the "skeleton man," 903
Samara, the famine in, 821, 795
Sanderson, Dr. B., on physiology, 239
Sandhurst College, fever in, 610; drainage of, 748
Sanitary Engineering (review), 814
—— measures, 313
—— work afloat, 351
Sartorius, dislocation of the tendon of the, 662
Saturnine subjects, changes of the urine in, 340
Savery, Mr. J. C., obituary notice of, 29
Savory and Moore's medical and surgical companion, 844
Saxony, vaccination in, 203
Scapula, ligature of the coracoid process of the, by muscular action, 737
Scarlatina, 761; purpuric symptoms occurring during the course of, 796
Scattergood, Mr. T., introductory address at the Leeds School of Medicine, 526
School boards and children's disorders, 751
—— children, proposal to obtain statistics regarding diseases of, 731
Schools, contagion in, 886
Schrœder's Manual of Midwifery (review), 741
Scientific instruction, Royal Commission on, 344
Sclerosis, 842
Scotland, change of climate in, 751
Scott, Gen. H. G. D., fever at Brentford, 541
——, Mr. J., large submucous fibroid of the uterus removed by enucleation and torsion, 675
Scrofulous family, history of a, 202
Scrotum, severe injury to the, 218
Scurvy, 23, 289, 362; in the French marine, 94
Sea, mortality at, 164
Seamen, health and competence of our, 516
Seamen's Hospital, 644; Society, 459
Sebaceous glands, the termination of nerves in the, 532
Semple, Dr. R. H., what is diphtheria? 904
Serous membranes, the anatomy of the, 847
Serpiginous ulceration cured by continuous bath and internal use of opium, 309
Session, the work of the, 405
Sessional examinations, 713

Sewage, disposal of, 637; irrigation, alleged dangers of, 271
Sewers, ventilation of, 58
Sewing machine, the, 480
Shah, the, and the London hospitals, 56
Sharpey, Dr. W., accidental poisoning of, recovery, 459
Shepherd, Dr. A. B., introductory address at St. Mary's Hospital, 487
Sheppard, Dr. E., introductory address at King's College, 485
Shoulder-joint, amputation at the, for ununited fracture, 521
Sick children, 787
—— poor, control of the, 93
Sierra Leone, unhealthiness of, 483
Silver, salts of, physiological action of, subcutaneously injected, 289
Simpson, Sir J. Y., Memoir of (review), 83
Singapore, cholera at, 405, 887
"Skeleton man," the, 909
Skin, capillary lymphatics of the, 278; diseases of children, 776
Slaughterhouses, metropolitan, 425, 537
Sloths, anatomy of the, 54
Small-pox, treatment of, by vaccination, 40; in Philadelphia, 418; a localised outbreak of, 784
Smart, Dr. W. E., on epidemics in 1872-73, 835
Smee's Garden (review), 509
Smith, Dr. E., Manual for Medical Officers of Health (review), 338
——, Dr. F. H., registers of health, 240
——, Dr. H., anæsthetic travelling, 355
——, Dr. P., the aspirator, 318
——, Dr. R. W., obituary notice of, 636
——, Mr. H., on a case of syncope following chloroform, 109; fatal case of retention of urine produced by a fibroid growth in a child, 902
Smoking, excessive, 537
Snails, poisoning by, 340
Snake-bite, case of, 41
Snake-poison, nature and action of, 272
Sneezing, persistent, 831, 866
Solder bullet, effects of, on the human subject, 807
Social Science Congress, 279, 502, 506
Society for Relief of Widows and Orphans of Medical Men, 131, 651
—— for the Suppression of Vice, 56
Soldiers, the clothing of, 349
Solly, Mr., the late, 753
Sour companion, a, 761
South Africa, the sanitarium of, 60, 358
—— American Club, 175
South, Mr. J. F., 609
Southampton, case of cholera at, 434
Spain, madhouses in, 218
Spanish imbroglio, the, 724
Special hospitals, 86
Spine, two cases of angular curvature of the, 151
Spirit and Mind Polarity (review), 631
Splanchnic nerves of the kidneys, influence of the, 14
Spleen, enlargement of the, from rickets, simulating malignant disease of the kidney, 6; acute inflammation of, abscess, peritonitis, death, 264; lymphatics of the, 59
Splenotomy, case of, 456
Sport, the therapeutics of, 500
Square, Mr. E., post-mortem examinations and coroners' inquests, 710
Squarey, Dr. C. E., on flexions of the uterus as a cause of dysmenorrhœa, 656, 729
Staffordshire, Hospital Sunday in, 176; and typhoid fever, 615
Stage doctor, the, 748
Stansfeld, Mr., an apology for, 122; and the medical profession, 156
Staphyloma of the cornea and iris, on partial, 329
Statistical Society, the, 723, 784
Stems, uterine, 905
Stethoscopes and ear trumpets, on the acoustic principles of, 694
Stomach, feeding with peptones in diseases of the, 340
Stomach-pump, death from the use of the, 311
Stone in the bladder, on the future of operative surgery for, 867
Storrs, Mr. R., galvanism in post-partum hæmorrhage, 363
Story, Mr. W., coffee as an absorbent, 617
——, Mr. W., on an external anatomical sign as a guide to the size of the testes, 790
Stowers, Mr. J. H., case of assumed amaurosis, 42
Strange story, 720, 757, 791, 828, 860, 896
Street accidents, in London, 311; and the police, 251
Stricture of the urethra, new means of dilatation in, 157; complicated with a false passage leading to a sac, retention of urine from, relief of retention and cure of the stricture, 877; impassable, 831; treatment of, 148; successfully treated by filiform bougies and leeching, 451
Strychnine poisoning, case of, 533, 577, 606
Student, suicide of a, 60
Students, address to, 585
Subcutaneous injections, 157; a proposed standard solution of morphia for, 797, 806
Subjects, our supply of, 607
Subperiosteal amputations, transplantation of the marrow of bones in, 341
—— excision of the hip, 772
Sunderland, port sanitary authority for, 130; an election at, 570
Surgeon-purser on the African steamers, 797
Surgery, modern, 673
Surgical Aid Society, 794
Swain, Mr. W. P., professional remuneration, 720, 922
Sycosis, parasitic, 496; non-parasitic, treatment of, 902
Sydney, health of, 253, 289
Symblepharon, 70
Symons, Mr. C. G., paracentesis vesicæ supra pubem, 760
Sympathetic depression and emotional disturbance, 768, 806
Syphilis, injection of mercury in, 633; tertiary, and syphilitic cachexia, 118; latent, preventing union of fractured tibia for upwards of seven months, rapid recovery under specific treatment, 627
Syphilitic meningitis rapidly cured by iodide of potassium, 157

Tait, Mr. L., extra-uterine fœtation, 169
Tangier, as a winter resort, 491; climate of, 653
Tawell, Mr. S., "one day's pure air," 32
Taylor, Dr. A. D., obituary notice of, 794
——, Dr. C. B., strychnine poisoning, 577; brief records of interesting cases occurring in ophthalmic practice, 838
——, Mr. T., Epsom College, 364
Tea, compressed, 483
Teeth, replantation of, 334; treatment of hæmorrhage consequent on extraction of, 633; the causes of decay of, 850
Teevan, Mr. W. F., description of a grooved catheter with conducting bougie, 5; on the treatment of impassable stricture, 148; urethrotomy and lithotrity, 683
Tegetmeier, Mr. W. B., Pheasants for the Coverts and the Aviaries (review), 907
Testes, on an external anatomical sign as a guide to the size of the, 790
Testicles, neuralgia of the, 457
Test-types, 757
Tetanus after hypodermic injection of quinia, 45
Thames mystery, the, 426
Thermometers, clinical, 134, 170, 215
Thigh, tumours of the, 808
Tholozan, Dr., 92
Thomas, Mr. H. W., poisonous fruit, 171; an ovariotomy clamp, 828
Thompson, Dr. W. G. W., recent discovery of human remains in a peat bog, 175
——, Sir H., an address on the future of operative surgery for stone in the bladder, 867
Thomson, Dr. G., antiseptic surgery, 432
——, Dr. W., remarks on the treatment of nocturnal incontinence of urine, 414
Thoracic canal, inflammation of the, 421
Thornton, Mr. J. K., antiseptic surgery, 470
Thorowgood's Notes on Asthma (review), 12
Thorpe's Chemical Analysis (review), 598
Thurnam, Dr. J., obituary notice of, 615; his collection of skulls, 654
Tichborne trial, the, 643; the medical evidence in, 54
Tilt, Dr. E. J., diagnosis of subacute ovaritis, 558
Tinea sycosis, on, 141
Tobacco for the troops in Ashantee, 787, 864
Tongue, epithelioma of the, removal by the galvano-écraseur, 80; excision of the, leaving the floor of the mouth entire, 662
Torticollis, clonic, treated by the continuous galvanic current, 520
Tothill, Mr. T. H. F., climate of Algiers, 509
Trachea, lymphomatous growth in the, 842
Tracheotomy in a case of tumour of the larynx and pharynx, recovery, 153
Transfusion of blood, case of, 462
Trend, Mr. H. G., life assurance and sick allowance, 27
——, Mr. T. W., sporadic cholera, 505
Trephining in a case of blow on the head followed by epileptic fits, cure, 300
Trimethylamin in rheumatism, 457
Trochanter, great, traumatic separation of the epiphysis of the, 629
Tuberculosis, general, in a fœtus of seven months and a half, 563
Tuberculous and strumous diatheses, remarks on the, 897
Tufnell, Mr. J., the successful treatment of aneurism by position and restricted diet, 878, 921
Turner, Dr. J., a farthing swallowed by a child, 669
——, Mr. T., obituary notice of, 932
——, Prof., on the public medical services, 309
Tuke, Dr. H., presidential address at the Medico-Psychological Association, 446, 491
Turpentine as an anti-dote to phosphorus, 832
Tweedy, Mr. J., cholesterine in the eye, 819
Typhoid fever, convalescence in, 36, 78, 134; without symptoms, 101; in Marylebone, 109, 315, 345, 249, 267, 279; obscure alliances of, 266; from infected milk, 279; epidemic resulting from an intermittent water-supply, 304; a grave complication of, 449
Typhus in London, 212

Ulnar nerve, division of the, with preservation of sensation, 774
Ulverston, anti-vaccinators at, 644
Underground Railway, 340
United States, the medical service of the, 167; the future sanitarium of the, 321
Unprofessional advertising, 29
Unqualified practitioners, 845
Urea, is it formed in the blood or in the tissues? 348
Urethral instruments, tunnelling the end of, 63, 318
Urethrotomy or lithotrity in aged and debilitated people, 624, 683
Urethro-vesical calculus, 699
Urine, extravasation of, following an attack of fever, 228; retention of, 935; fatal case of, 902
Uterine polypi, intermitting, 562
—— stem, a new, 632
Uterus, on fibroid disease of the, 1, 35; the physiological changes in the healthy unimpregnated, 192; reflex movements of the, 203; displacements of the, 256; flexions of the, 656, 729; on the cure of flexions of, by uterine stems, 775; fatty degeneration of the contractile tissue of the, nature of the cauliflower excrescence of the os uteri, 810; large submucous fibroid of the, removed by enucleation and torsion, 875; bicornis, complete, 115

Vaccinal syphilis, alleged, 639
Vaccinating stations, educating, 587
Vaccination, 60; official regulations for the granting of awards for, 12, 100, 160, 316; statistics of, 289; in the provinces, 897; animal, 110
Vaccinators, public, awards to, 63, 65, 380, 697, 743, 758, 794, 820, 829, 865, 895, 924; dangers of, 553
Vaccine matter, the right to take, from a child, 919
Vachell, Dr. C. T., proposed standard solution of morphia for subcutaneous injection, 797
Vaginismus caused by lead-poisoning, 707
Valerian in diabetes, action of, 633
Vallance, Dr. T. J., ophthalmia in schools, 61
Varicose ulcer, cure of a large, by tanning with babool bark, 440
Vaughan, Mr. J., the grouse disease, 317
Vawdrey, Mr. G., a suspicious case, 909
Vegetables, influence of variations of pressure on, 421
Veitch, Mr. W. Y., symblepharon, 70
Ventnor Hospital, 716, 890
Vermiform appendix, hernia of the, 629
Vesico-vaginal fistulæ, 557; a cause of recurrence of, 340
Visibility of children born before term, 777
"Victor Emanuel," 643, 818, 827; report on the, 754, 824, 858
Vienna, the cholera cases at, 282; the Medical International Congress at, 387, 428, 581; Exhibition, army surgery at the, 345
Village water-supply, 746
Virchow, Professor, 133
Vulva, treatment of sloughy ulcers of the, 457

Waghorn, Dr. A. R., rapid recovery after lithotomy, 318; urethro-vesical calculus, 699
Wakes and infection, 164, 251
Wales, local registration of deaths in, 60
Walker, Mr. J. B., obituary notice of, 687
Wall, Mr. W. R., on latent enteric fever, 331
War, help to the wounded in, 640; Office, a hint for the, 725
Ward, Dr. S. H., Carlsbad and its mineral springs, 4, 76, 145
Warne, Mr. W. C., obituary notice of, 65
Wasp, death from the sting of a, 333
Waterloo-road tragedy, the, 608
Waters, Dr. A. T. H., on aortic insufficiency, 291
——, Mr. E., obituary notice of, 359
Water-supply, constant, 19, 536
Watson, Dr. J. H., "diseases of the deaf and dumb," 730
——, Mr. S., idiopathic hyalitis, acute inflammation of the vitreous humour of both eyes, 595
Weber, Dr. H., progress of cholera in Germany, 318
Wecker's ophthalmic clinique, 20
Weeks, Mr. H., the future sanitarium of the United States, 321
Well water, dangers of, 312
West Kent Medico-Chirurgical Society, 578, 836
—— of Scotland Convalescent Homes, 571
Westminster, health of, 636
—— Hospital, complaint against the authorities of, 930; medical school, 18

Westminster Review (review), 84
Wetherell, Mr. J. B., the climate of Australia, 474
Whitaker, Hr. T. H., obituary notice of, 923
White, Mr. E., poisoning by hyoscyamus, 8; subcutaneous injection of morphia, 896
Whitehaven, sanitary authorities at, 853
Whitmore, Dr. J., typhoid in Marylebone, 215
Whittell, Dr. H. T., the operation for recto-vaginal fistula, 734
Wicklow chloroform case, the, 160
Wiesbaden, anatomy and physiology at, 889
Wilkinson, Mr. F. E., foreign body in the glottis, 28
Wilks, Dr. S., remarks on the tuberculous and strumous diathesis, 807
Williams, Dr. C. J. B., on the acoustic principles and construction of stethoscopes and ear-trumpets, 604
——, Dr. C. T., on spasmodic asthma, 325, 513
——, Dr. J., the physiological changes in the position of the healthy unimpregnated uterus, 705; on the mechanism of the production of certain displacements of the uterus, 298
Williamson, Prof., the address of, at the British Association meeting, 480
Willington, Mr. H., affectable and infectable susceptibility of milk, 383
Wilmot's Journal in the Pacific (review), 455
Wilson, Dr. A. C., case of retention of urine, 925
——, Dr. J., case of acute obstruction of the bowels of fifteen days' duration, colotomy, recovery, 402
——, Dr. J. G., a woman with beard and whiskers, 756
——, Mr. M., vaccination statistics, 289
——, Mr. T. G., extract from observations on the yellow fever epidemic at Bermuda in 1864, 626
——, Mr. W. J., dressing with magnesia, 137
——, Mr. W. W., the pollen theory of hay fever, 363, 545
Wimbledon, campaign, the, 129, 166
Winchester, the Bishop of, 126
Winn, Mr. J. M., Hospital Sunday fund and the dispensaries, 577; climate of Tangier, 669
Winslow, Dr. L. S., tampering with physicians' prescriptions, 542
"Wolf," the cry of, 130
Wolseley, Dr. R., carbolised oil for military purposes, 581
Wolverhampton, enteric fever at, 473; report on the outbreak of typhoid fever at, 524, 605
Women doctors, 688, 762, 896
Wood, Dr. A., translation of Schiller by, 502
Wood, Mr. J., address in surgery delivered before the British Medical Association, 182, 279
——, Mr. J. E., digitalis in delirium tremens, 319
——, Mr. T. O., foreign bodies swallowed by children, 797
Woods, Dr. H. C., two cases of femoral aneurism, 7
Woolton Convalescent Hospital, 280
Workhouse dietaries, 239
Workhouses, medical extras in, 613; entertainments in, 887
Wotton, Mr. C., large doses of digitalis in delirium tremens, 434
Wright, Mr. W. H., registration at the General Medical Council, 289
Wucherer, Dr. O., obituary notice of, 29
Wyman's Autumnal Catarrh (review), 117

Yellow fever epidemic, at Bermuda in 1864, extract from observations on the, 626; at Shreveport, 724
Young, Prof., on medical reform, 53

Zanzibar, the new Consul-General of, 493

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